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ABSTRACT

The manual is a guide for trainers who will be leading classes (10-12 hours) in techniques of teaching for clinical instructors in the allied health professions. An adaptation of the Training Within Industry "Job Instructor Training" manual, it is designed to assist instructors to teach in an organized, efficient manner. Preliminary class arrangements are discussed, both administrative and physical. The first session consists of demonstrations of faulty and correct instruction. Session 2 progresses to steps in making a job breakdown, making a course outline, and coverage of equipment, materials, and supplies. Session 3 covers tools of instruction and conducting practice instruction demonstrations. This is followed by a session on basic science and technical information and a continuation of practice instruction. Session 5 consists of additional practice demonstrations and a concluding course summary. (EA)

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TRAINER'S MANUAL

CLINICAL INSTRUCTOR TRAINING PROGRAM

Miles H. Anderson, Ed.D.

U. S. DEPARTMENT OF HEALTH
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DIVISION OF VOCATIONAL EDUCATION
ALLIED HEALTH PROFESSIONS RESEARCH
AND INSTRUCTION PROJECTS

1003 WILSHIRE BOULEVARD
SANTA MONICA, CALIFORNIA 90401

Feb 1, 1970

To the Clinical Instructor Trainer:

You have an opportunity to render a constructive service of far-reaching significance through this Clinical Instructor Training Plan. The happiness and productivity of the people of our great Nation depend to a large extent on their health and vitality and these, in turn, are very much dependent on the quality of the health care they receive.

The quality of health care available to the people of the United States will increasingly be better as the number of well-trained personnel in the allied health professions increases. Such increases will be difficult, if not impossible, without effective programs of clinical instruction for allied health personnel.

Because of these circumstances, your work as a Clinical Instructor Trainer will have a significant positive effect on the nation's health manpower problems, and this being the case, you should try with maximum energy and diligence to conduct each Clinical Instructor Training Session in the best way possible. In addition, as you gain experience, you should make an effort to do a better job with each succeeding group.

To assure a uniform high standard, follow the pattern of this manual without significant deviation. Do not trust to memory, no matter how many times you may conduct the sessions. The pattern is not difficult to follow, and there is plenty of leeway to project your own personality through illustrative examples from your own experience, which helps avoid creating the impression of a "canned" presentation.

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To the Clinical Instructor Trainer

March 1, 1970

There are few more rewarding experiences than seeing your efforts help others direct their energies toward achievement of worthwhile goals. Clinical Instructor Training will provide you with many such pleasant experiences.

Remember, this program has been made available by the U. S. Department of Health, Education and Welfare, Social and Rehabilitation Services, and the University of California at Los Angeles, Division of Vocational Education, as a public service to help increase the number and quality of personnel in the allied health professions. The success of this effort depends on the performance of you, the Clinical Instructor Trainer. Therefore, to you, the Trainer, leadership in Clinical Instructor Training presents an opportunity and an obligation.

Sincerely,

Miles H. Anderson

Miles H. Anderson,
Project Director,
Clinical Instructor
Training Program

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FOREWORD

This "Clinical Instructor Training Program Trainer's Manual" has been prepared to serve as a guide for the trainers who will lead the short ten to twelve hour classes in techniques of teaching for clinical instructors in the allied health professions. The purpose of the course is to improve "clinical instruction" or on-the-job training for workers in the allied health professions by helping those responsible for this training to improve their ability to instruct in an organized, efficient manner.

It must be clearly understood that instruction in the clinical setting is not a substitute for the educational programs offered by the various allied health profession schools, but is a supplement to such instruction where it is available. When the school graduate first goes on the job there is a period of adjustment before he reaches peak efficiency, and Clinical Instructor Training is designed to make this period as short as possible.

Some allied health occupations must be learned entirely on the job because no schools are available. In these cases Clinical

Instructor Training serves a useful purpose by making the instructional period short and effective.

No claim is made for originality in the presentation of the material in this manual. It is based on the job instructor training techniques first applied by Charles R. Allen during World War I to improve the efficiency of the ship building effort that was crucial at that time. In World War II Allen's methods were refined into the "Job Instructor Training Program" popularly known as "JIT", by the Training Within Industry group of the War Manpower Commission. The writer had the privilege of serving as California State Department of Education schedule supervisor for the Training Within Industry program for Northern California in 1943-1944 and put on scores of "JIT" programs in war plants throughout the area. Much credit must be given to the T.W.I. directors who developed the "J" programs, Channing R. Dooley, Walter Dietz, William Conover, M. J. Kane, and Glenn L. Gardiner.

This "Clinical Instructor Training Program Trainer's Manual" is an adaptation of the T.W.I. "Job Instructor Training" manual as last revised. The writer has put on the program many times since the days of its origin, and has tried many different methods and approaches, but always comes back to the original as being the best. Trying to improve on the work of Dooley, Dietz, Conover, Kane, and Gardiner is like trying to improve the paper

clip, it is so simple and straightforward that most efforts at improvement merely complicate matters.

The Clinical Instructor Training Program would not be available as an aid to clinical instructors without the cooperation and support of the U. S. Department of Health, Education, and Welfare, Social and Rehabilitation Service. We are indebted to Miss Mary Switzer, Administrator; Dr. James F. Garrett, Assistant Administrator, Research and Demonstration; Miss Cecile Hillyer, Chief of the Division of Training; Mrs. Florence Linduff Knowles, Consultant in Physical Therapy; Miss Marjorie Fish, Consultant in Occupational Therapy; and Mr. Joseph Traub, Consultant in Prosthetics and Orthotics, for their assistance.

We are indebted to Professor Melvin L. Barlow, Director of the Division of Vocational Education of the University of California at Los Angeles for his help in providing physical and administrative facilities in the Division for the Clinical Instructor Training program. Both Dr. Barlow and Dr. David Allen, Coordinator of Teacher Education for the Bureau of Industrial Education, have been of great assistance in getting the program under way.

It is sincerely hoped that the simple, easy to apply methods set forth in this program will enable clinical instructors to do a better job of instruction in the clinical or "on the job"

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setting. In the final analysis this is where the battle for improved health care may be either won or lost.

Miles H. Anderson
Project Director
Clinical Instructor Training

COURSE OUTLINE OF THE
CLINICAL INSTRUCTOR TRAINING PROGRAM

SESSION I - 2 hours.

- I OPENING THE SESSION
- II DEMONSTRATING FAULTY INSTRUCTION
- III DEMONSTRATING CORRECT INSTRUCTION
- IV CONCLUDING SESSION

SESSION II - 2 hours

- I OPENING THE SESSION
- II MAKING A JOB BREAKDOWN
- III MAKING A COURSE OUTLINE
- IV HAVING THE RIGHT EQUIPMENT, MATERIALS AND SUPPLIES
HAVING THE WORKPLACE PROPERLY ARRANGED

SESSION III - 2 hours

- I OPENING THE SESSION
- II THE FOUR TOOLS OF INSTRUCTION
- III HABIT FORMATION
- IV CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS
- V SUMMING UP

SESSION IV - 2 hours

- I OPENING THE SESSION
- II BASIC SCIENCE & TECHNICAL INFORMATION
- III CONTINUE PRACTICE INSTRUCTION (4)
- IV SUMMING UP

SESSION IV-A - 2 hours (EXTRA SESSION FOR ENROLLMENT OVER 12)

- I PURPOSE OF IV-A
- II SETTING UP SESSION IV-A

SESSION V - 2 hours

- I OPENING THE SESSION
- II PRACTICE DEMONSTRATIONS (3)
- III SUMMING UP
- IV ACTION TO BE TAKEN BY MEMBERS
- V CONCLUSION

CLINICAL INSTRUCTOR TRAINING

MAKING PRELIMINARY ARRANGEMENTS FOR A CLINICAL INSTRUCTOR TRAINING PROGRAM

Before starting a Clinical Instructor Training Program it is necessary to make preliminary arrangements to assure a successful course and effective application of the principles and practices taught in the course. These arrangements are of two kinds, administrative and physical.

A. Administrative

1. Discuss with the administrative head of the institution the goals of the program and how achieving these goals will benefit all concerned. Point out that these benefits cannot be enjoyed unless the program has the support of the administrator's office, department heads, and supervisors. Make an effort to obtain the opportunity to explain the program at a staff meeting of these key people. A brief demonstration of how to instruct is recommended to introduce the explanation of the program if the opportunity presents itself. Obtain agreement to support the program and implement its application when the instructors have completed their training. If the administrative heads will not support the program wholeheartedly, its chances for success are slim, and in such a situation it would be advisable to postpone the program to a more opportune time.

2. If the administrative heads agree to support the program, get agreement on a specific time and place for a follow-up conference of all concerned as soon as possible after the Clinical Instructor Training program is completed. Make it clear that the purpose of this meeting is to make definite plans and commitments for implementing the program in the institution with a minimum of delay.
3. Discuss the selection of those who will participate in the Clinical Instructor Training sessions. They must be of supervisory caliber and have responsibilities for clinical instruction, or be excellent candidates for such responsibilities. Furnish a supply of enrollment applications, and have them completed as soon as possible. Do not allow the class size to exceed fourteen, preferably ten. Emphasize the importance of regular full-time attendance at the sessions by all those selected to participate.
4. Finalize the time schedule. The basic pattern is five two-hour sessions for ten participants. If 12-14 are enrolled, an extra two-hour session will be needed. Flexibility is necessary to adapt to conditions in the institution. They may prefer five two-hour sessions on five successive days, two two-hour sessions per day for three successive days, or some other combination that best fits into their time schedule and enables them to release the participants with a minimum of disruption of the work of the various depart-

ments. One precaution, the first and second sessions must not be followed by the third on the same day, as it does not give the members who are to put on demonstration lessons any time for preparation.

5. Have a clear understanding that once the sessions start there should be no outside interruptions, and casual "visiting" by non-members cannot be allowed.
6. Arrange to have the administrative head of the institution open the first session by briefly explaining why he feels the program will be of value to the institution and to the members, and then introducing the Clinical Instructor Trainer. Make similar arrangements for closing the last session.

B. Physical

1. The ideal room for Clinical Instructor Training is a conference room with tables and comfortable chairs. A large blackboard is essential, six to eight feet long, and preferably wall-mounted, but a large portable type will serve. The room must have good light and ventilation, and be free of distracting outside noise. Try to avoid the typical classroom with tablet arm chairs. If a classroom is all that is available, make arrangements to have tables and chairs brought in.
2. Be sure that chalk and erasers are on hand, and that the blackboard is clean.

3. If smoking is permitted, see that ash trays are provided.
4. Make provisions for parking for yourself and any members of the group who may be coming to the sessions from another facility requiring the use of a car for transportation.
5. Prepare a name card for each member in advance. It is very helpful to have name cards for all of them on the table in front of their places during each session, as it enables you to learn their names quickly. Use 5" x 8" cards folded lengthwise to form a "tent", then letter the names on both sides of the "tent" so they will be legible when it is placed on the table. A felt marking pen or large wax crayon may be used, and the lettering should be large enough to read from a distance.
6. Check your briefcase before leaving for the session to be sure you have a supply of 5" x 8" cards, four or five two-foot lengths of twisted lamp cord, enough "How to Instruct" cards for the group, and a supply of blank Job Breakdown Sheets, sample completed Job Breakdowns, and sample Course Outlines.
7. It is important to set a good example for the group. You will be asking them to have everything ready, the right equipment, materials, and supplies, and to have the work place properly arranged, just as the trainee will be expected to keep it. Be sure you do these things consistently

in your own teaching. Few groups will accept the idea of "Do as I say, not as I do."

8. Arrive ten or fifteen minutes before the session is to start, and always close each session on time.

C. Special Instructions to Clinical Instructor Trainers

1. To obtain certificates for trainees, send the list of names, addresses, and professions of those enrolled to Miles H. Anderson, University of California, Division of Vocational Education, Allied Health Professions Projects, 825 S. Barrington Avenue, Los Angeles, California, 90049, Telephone A/C 213, 826-3581. Certificates will be completed and sent immediately. Space is provided on the new certificates for the trainer's signature.
2. For supplies of How to Instruct cards, etc., direct your request as above.

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (ALLOW 45 MIN)

1. (ESTABLISH INFORMAL ATMOSPHERE AND PUT GROUP AT EASE.)

2. NAMES

(1) (WRITE YOUR NAME ON THE BLACKBOARD WHILE EXPLAINING YOUR BACKGROUND.)

(2) (ASK EACH MEMBER TO GIVE HIS NAME, TITLE, AND INSTITUTION, AND BRIEFLY EXPLAIN HIS RESPONSIBILITIES.)

(3) (DISTRIBUTE NAME CARDS, EXPLAIN REASONS FOR THEIR USE.)

3. "WHAT IS THIS PROGRAM ALL ABOUT?"

(1) "AMERICANS WANT MORE AND BETTER HEALTH CARE, AND ARE WILLING TO PAY FOR IT. TOTAL SPENDING FOR HEALTH SERVICES GREATLY INCREASED BETWEEN 1950 AND 1970"

1950 \$13 BILLION

1960 \$27 BILLION

1970 \$74 BILLION

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (CONT'D)

- (2) "THE FOUR MAIN REASONS FOR THIS INCREASE ARE:
 - BETTER MEDICAL AND DENTAL SERVICES
 - OLDER AGE GROUP REQUIRES MORE SERVICES
 - HIGHER EDUCATIONAL LEVEL CAUSES BETTER APPRECIATION OF VALUE OF HEALTH SERVICES
 - EXPANSION OF PUBLIC AND PRIVATE HEALTH INSURANCE."
- (3) "THE NUMBER OF NEW PHYSICIANS AND DENTISTS GRADUATED EACH YEAR IS NOT GREAT ENOUGH TO KEEP UP WITH THIS INCREASE IN DEMAND FOR HEALTH SERVICES."
- (4) "MANY HEALTH CARE TASKS CAN BE PERFORMED BY ALLIED HEALTH PERSONNEL WITH TRAINING LIMITED TO ONE SEGMENT OF THE TOTAL SKILL AND KNOWLEDGE OF THE PHYSICIAN OR DENTIST."
- (5) "ALLIED HEALTH PERSONNEL CAN BE TRAINED IN LESS TIME, IN GREATER NUMBERS, AND AT LESS COST THAN PHYSICIANS AND DENTISTS."
- (6) "TO MEET THE DEMAND BY AMERICANS FOR MORE AND BETTER HEALTH CARE, WE MUST EXTEND THE REACH OF THE PHYSICIAN AND DENTIST BY DOUBLING THE NUMBER OF ALLIED HEALTH PROFESSION PERSONNEL BY 1975."

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (CONT'D)

- (7) "TO DOUBLE THE NUMBER OF ALLIED HEALTH PERSONNEL BY 1975 THE SCHOOLS MUST DOUBLE THEIR OUTPUT."
- (8) "MANY CLASSES OF PERSONNEL MUST BE TRAINED 'ON-THE-JOB' THROUGH 'CLINICAL INSTRUCTION'."
- (9) "MANY SCHOOL GRADUATES MUST HAVE A PERIOD OF 'CLINICAL INSTRUCTION' TO ROUND OUT THEIR TRAINING."
- (10) "CLINICAL INSTRUCTION PLAYS A KEY ROLE IN THE TRAINING OF ALLIED HEALTH PERSONNEL. IF IT IS TO BE EFFICIENT THE CLINICAL INSTRUCTORS MUST KNOW HOW TO ORGANIZE INSTRUCTION AND TEACH SO THAT THE MOST LEARNING WILL OCCUR IN THE LEAST AMOUNT OF TIME."
- (11) "THE PURPOSE OF CLINICAL INSTRUCTOR TRAINING IS TO ENABLE THE CLINICAL INSTRUCTORS TO DEVELOP THE MINIMUM SKILLS AND KNOWLEDGE IN TEACHING NEEDED TO REACH THIS GOAL."
- (12) "THOSE WHO SUCCESSFULLY COMPLETE THIS COURSE WILL RECEIVE A CERTIFICATE OF RECOGNITION FROM THE U. S. SOCIAL AND REHABILITATION SERVICE (WHICH AGENCY SPONSORS THE PROGRAM) AND THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES."

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (CONT'D)

4. "HOW ARE CLINICAL INSTRUCTORS SELECTED?"

- (1) "THOSE CHOSEN TO BE CLINICAL INSTRUCTORS MUST BE OF SUPERVISORY ABILITY OR BETTER. A SUPERVISOR IS ONE RESPONSIBLE FOR DIRECTING THE WORK OF OTHERS. TITLES MAY VARY, 'CHIEF', 'SENIOR', 'HEAD', 'PRINCIPAL', AND 'DIRECTOR' ARE EXAMPLES. WE WILL USE 'SUPERVISOR' TO MEAN ALL THESE."
- (2) "A GOOD SUPERVISOR IS ABLE TO FUNCTION WELL IN FIVE AREAS OF PROFESSIONAL ACTIVITY:
 - PROFESSIONAL WORK
 - INSTITUTIONAL RESPONSIBILITIES
 - METHODS IMPROVEMENT
 - LEADERSHIP, ORGANIZATION, MANAGEMENT
 - INSTRUCTION"
- (3) "MANY DEPARTMENTS CARRY A HEAVY LOAD OF CLINICAL INSTRUCTION IN ADDITION TO THE OTHER FUNCTIONS. IN DEPARTMENTS WHERE THE LOAD IS TOO HEAVY FOR SUPERVISORS TO DO ALL THE CLINICAL INSTRUCTION, PERSONNEL OF SUPERVISORY LEVEL ABILITIES ARE ASSIGNED FULL-TIME TO THIS WORK. SUCH PERSONS SHOULD HAVE ALL THE QUALIFICATIONS OF A GOOD SUPERVISOR."

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (CONT'D)

5. "HOW IS ABILITY TO INSTRUCT USEFUL?"

- (1) "THOSE WHO WISH TO BECOME SUPERVISORS MUST LEARN HOW TO INSTRUCT TO QUALIFY FOR A SUPERVISORY JOB."
- (2) "NEW TRAINEES, SUCH AS AIDES AND ASSISTANTS, CAN BE TRAINED QUICKLY AND THOROUGHLY."
- (3) "OLD STAFF MEMBERS CAN BE TAUGHT NEW PROCEDURES EFFICIENTLY."
- (4) "SUCCESS IN MANY ALLIED HEALTH OCCUPATIONS REQUIRES ABILITY TO INSTRUCT PATIENTS HOW TO CARRY OUT VARIOUS PROCEDURES, AND TO INSTRUCT MEMBERS OF PATIENTS' FAMILIES IN HOME CARE."

6. "WHO MAY BECOME A CLINICAL INSTRUCTOR TRAINER?"

- (1) "CLINICAL INSTRUCTOR TRAINERS LEAD THE 10-12 HOUR CLASSES FOR TRAINING CLINICAL INSTRUCTORS."
- (2) "WHEN POSSIBLE, SOME MEMBERS OF EACH CLINICAL INSTRUCTOR TRAINING GROUP ARE ENCOURAGED TO BECOME CLINICAL INSTRUCTOR TRAINERS THROUGH COACHING AND SPECIAL CONFERENCES ON HOW TO CONDUCT THE SESSION."

CLINICAL INSTRUCTOR TRAINING - SESSION I

I. OPENING THE SESSION (CONT'D)

EACH TRAINER IS PROVIDED WITH A CLINICAL INSTRUCTOR TRAINING MANUAL AND ALL NECESSARY INSTRUCTIONAL MATERIALS SO HE CAN THEN PUT ON THE 12 HOUR CLASSES AS NEED ARISES."

(30 MIN. TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (ALLOW 20 MIN)

(NOTE: Use THREE different members; 1 for telling.
1 for showing, 1 for correct instruction.)

1. INTRODUCTION TO FAULTY INSTRUCTION.

(1) (Ask):

- "HOW DO WE GET A MAN -- NEW OR EXPERIENCED TO DO A JOB?"

(2) (MAKE STATEMENTS):

- "TELLING A MAN HOW TO DO A JOB MAY BE AN EXCELLENT MEANS OF INSTRUCTION WHEN USED PROPERLY. BUT IT HAS LIMITATIONS -- AND MUCH WASTED TIME AND GRIEF CAN RESULT FROM THIS METHOD WHEN USED ALONE."
- "TO POINT OUT THE LIMITATIONS OF TELLING, A SIMPLE ILLUSTRATIVE JOB WILL BE USED. THIS JOB IS FROM THE ELECTRICAL TRADE -- THE FIRE UNDERWRITERS' KNOT."
- "THIS JOB IS ONLY AN EXAMPLE. YOU SHOULD OBSERVE IT IN TERMS OF YOUR JOBS IN YOUR DEPARTMENTS."

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

- (3) (EXPLAIN YOU ARE 'TAKING APART' THE
PROCESS OF INSTRUCTION AND EXAMINING
EACH PART SEPARATELY.)
- (4) (SELECT A MEMBER NEAR YOU: DO NOT
ASK HIM TO STAND. TURN TO HIM.
ADDRESS HIM PERSONALLY.)
- (5) (ASK HIM):
 - "DO YOU KNOW HOW TO TIE THE KNOT?"
(IF HE KNOWS, TURN TO ANOTHER.)
 - "LET ME TELL YOU HOW TO TIE A
FIRE UNDERWRITERS' KNOT. LISTEN
CLOSELY."

(NOTE TO TRAINER: Put your HANDS IN
YOUR POCKETS: Have wire in
table drawer or your pocket.
Don't have wire in sight.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

2. DEMONSTRATION OF FAULTY INSTRUCTION.

(1) (TELL THE MEMBER HOW TO TIE THE FIRE UNDERWRITERS' KNOT, SLOWLY, ACCURATELY, AND IN DETAIL, SO NO CRITICISM OF YOUR 'TELLING' CAN BE MADE.):

- "TAKE A PIECE OF ORDINARY TWISTED LAMP CORD."
- "HOLD IT VERTICALLY WITH YOUR LEFT HAND, BETWEEN THE THUMB AND FIRST FINGER, 6 INCHES FROM THE END."
- "UNTWIST THE TWO WIRES, FORMING A V."
- "STRAIGHTEN THE WIRES BETWEEN THE THUMB AND FIRST FINGER OF THE RIGHT HAND."
- "HOLD THE MAIN STRAND AT THE BEGINNING OF THE V."
- "TAKE THE RIGHT-HAND WIRE WITH THE RIGHT HAND, MAKING A RIGHT-HAND LOOP, BRINGING THE WIRE ACROSS IN FRONT OF THE MAIN STRAND."

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

- "SEE THAT THIS LOOP IS ABOUT 1 INCH IN DIAMETER AND THE STUB PROTRUDES TO THE LEFT OF THE MAIN STRAND ABOUT 2 INCHES. HOLD THE WIRE AT THE JUNCTION OF THE LOOP AND THE MAIN STRAND."
 - "TAKE THE LEFT-HAND WIRE END WITH YOUR RIGHT HAND."
 - "MAKE A LEFT-HAND LOOP. TO MAKE THIS LOOP, PULL THE LOOSE END TOWARD YOU, PASS IT UNDERNEATH THE STUB, BEHIND THE MAIN STRAND."
 - "PASS THE LOOSE END THROUGH THE RIGHT-HAND LOOP, FROM BACK TO FRONT."
 - "HOLD THE ENDS EVENLY BETWEEN THE THUMB AND FIRST FINGER OF THE RIGHT HAND."
 - "PULL THE KNOT TAUT."
 - "SHAPE THE KNOT BETWEEN THE THUMB AND FIRST FINGER OF THE LEFT HAND AS IT IS PULLED TAUT."
- (2) (HAND THE MEMBER THE CORD AND ASK HIM TO TIE IT.)
(AFTER HE TRIES TO TIE IT, TWIST LOOSE WIRES BACK TOGETHER AND LAY CORD ON THE TABLE. DON'T HOLD IT OR FUSS WITH IT!)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

(3) (POINT OUT):

- "FAILURE WAS NOT THE MEMBER'S FAULT."
- "TELLING, ALONE, IS NOT GOOD INSTRUCTION." (On Board up.
left-hand
corner)
- "MOST PEOPLE JUST DON'T 'GET IT' THROUGH
TELLING."
- "MANY OPERATIONS ARE DIFFICULT TO DESCRIBE
IN WORDS."
- "FEW OF US CAN USE THE EXACT WORDS NECESSARY,
ANYHOW."
- "THINGS SEEM 'COMPLICATED' WHEN LISTENING TO WORDS."
- "IT'S HARD TO TELL THE RIGHT AMOUNT AND KNOW
WHETHER IT IS GOING OVER."
- "AND MANY OTHER REASONS KNOWN BY MOST OF US
WHEN WE STOP TO THINK OF IT."
- "MUCH OF THE INSTRUCTION IN THE CLINIC IS
TELLING -- THOUSANDS OF WORKERS ARE BEING
TOLD AT THIS VERY MOMENT. HOW MANY OF THEM
REALLY UNDERSTAND?"

(EMPHASIZE: IF THE LEARNER HASN'T LEARNED, THE
INSTRUCTOR HASN'T TAUGHT.) (On Board
upper
right-
hand
corner)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

(4) "SHOWING IS ANOTHER COMMON MEANS OF INSTRUCTION IN THE CLINIC."

- "IT ALSO IS AN EXCELLENT METHOD WHEN USED PROPERLY. BUT IT ALSO HAS LIMITATIONS -- AND SERIOUS ONES."
- "REMEMBER, WE ARE TAKING APART THE PROCESS OF INSTRUCTION AND EXAMINING EACH PART SEPARATELY."
- (TURN TO ANOTHER MEMBER NEAR YOU. DO NOT ASK HIM TO STAND. ADDRESS HIM PERSONALLY.)
- "DO YOU KNOW HOW TO TIE THE KNOT?"
(IF HE KNOWS, TURN TO ANOTHER.)
- "AGAIN THIS SAMPLE JOB IS ONLY AN EXAMPLE."
- "THINK OF IT IN TERMS OF YOUR OWN JOB IN YOUR OWN DEPARTMENT."

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

- (5) (SHOW MEMBER HOW TO TIE THE KNOT,
BY DOING IT ONCE IN FRONT OF HIM.)

(NOTE: BE SURE *he sees it* BACKWARDS.
DON'T EXPLAIN -- REMAIN
ABSOLUTELY SILENT.)

- (HAND THE CORD TO THE MEMBER AND
ASK HIM TO TIE IT.)

(NOTE: *If he ties it, but backwards,
this is just as useful as
though he failed to tie it.
If by chance he ties it
correctly, compliment him,
and turn to another member.*)

- (AFTER MEMBER COMPLETES TRIAL,
UNTIE KNOT, TWIST LOOSE ENDS
BACK TOGETHER AND LAY CORD ON
THE TABLE. DON'T HOLD IT OR
FUSS WITH IT.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

(6) (POINT OUT):

- "FAILURE WAS NOT THE MEMBER'S FAULT."
- "SHOWING, ALONE, IS NOT GOOD INSTRUCTION." (On Board under "Telling")
- "HE SAW THE KNOT TIED BACKWARDS."
- "EVEN WHEN SEEING A JOB FROM THE PROPER ANGLE, MOST PEOPLE DON'T 'GET IT'."
- "MOST OF US JUST 'COPY MOTIONS'; THIS DOESN'T MEAN WE UNDERSTAND."
- "MANY MOTIONS ARE HARD TO COPY."
- "TRICKY POINTS ARE MISSED."
- "WE DON'T KNOW WHAT TO LOOK FOR."
- "WE CAN'T TRANSLATE WHAT WE SEE INTO WHAT WE SHOULD DO."
- "COUNTLESS THOUSANDS OF EMPLOYEES ARE BEING SHOWN HOW TO DO THEIR JOBS AT THIS VERY MOMENT. HOW MANY OF THEM UNDERSTAND?"
- (EMPHASIZE AGAIN THAT IF THE LEARNER HASN'T LEARNED, THE INSTRUCTOR HASN'T TAUGHT.) (Point to it on Board)

CLINICAL INSTRUCTOR TRAINING - SESSION I

II. DEMONSTRATING FAULTY INSTRUCTION (CONT'D)

(7) (POINT OUT):

- "MEN CAN LEARN THEIR JOBS WITH ENOUGH 'TELLING AND SHOWING' BUT: THESE ARE NOT SURE AND DEPENDABLE METHODS."
- "THERE IS A SURE AND DEPENDABLE METHOD THAT WORKS EVERY TIME, IF IT IS BUT APPLIED."
- "THIS METHOD REPRESENTS THE OUT-GROWTH OF 10 YEARS OF TESTS IN SEVERAL MAJOR CLINICAL INSTITUTIONS."
- "IT WAS FORMULATED BY PRACTICAL CLINICIANS AND IS BEING MADE AVAILABLE TO ALL CLINICAL INSTRUCTORS TO HELP OVERCOME THE CRISIS IN HEALTH MANPOWER."

(1 HR AND 5 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (ALLOW 15 MIN)

1. INTRODUCTION TO CORRECT INSTRUCTION

- (1) "WE ARE NOW GOING TO 'TAKE A LOOK AT' THE CORRECT 'SURE-FIRE' METHOD."

(EXPLAIN SETTING):

- (2) "I WILL BE A SUPERVISOR IN AN ELECTRICAL SHOP. THIS WORKER HAS BEEN IN THE LABOR GANG FOR SEVERAL MONTHS. HE HAS BEEN TRANSFERRED TO MY GROUP. I'M GOING TO MAKE AN ASSEMBLER OF ELECTRICAL EQUIPMENT OUT OF HIM. I'M ALLOWING MYSELF 5 DAYS IN WHICH TO DO IT. HE IS GOING TO LEARN THE FIRST PART OF HIS NEW WORK -- THE FIRE UNDERWRITERS' KNOT -- NOW."

- (3) (SELECT ANOTHER MEMBER, AND HAVE HIM COME UP IN FRONT OF THE GROUP.)

(ASK GROUP AGAIN TO NOTE THE METHOD OF INSTRUCTION, NOT THE JOB OF KNOT TYING.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

2. DEMONSTRATION OF CORRECT INSTRUCTION

(NOTE: All your following work depends upon how well you do this job. Do it PERFECTLY.)

(1) (DEMONSTRATING "PREPARATION"):

- (GREET MEMBER NATURALLY. TELL HIM HE IS GOING TO ASSEMBLE LIGHTING FIXTURES FOR A HOSPITAL BUILDING. THE FIRST PART OF THAT JOB HE HAS TO LEARN IS THE FIRE UNDERWRITERS' KNOT.)
- (ASK HIM IF HE KNOWS WHAT THE FIRE UNDERWRITERS' KNOT IS USED FOR. IF HE DOESN'T, SHOW HIM A COMPLETED KNOT.)
- (ILLUSTRATE HOW IT FUNCTIONS TO RELIEVE STRAIN ON THE WIRE CONNECTIONS IN ELECTRICAL FIXTURES. STRESS THAT IF HE DOES NOT TIE THE KNOT PROPERLY THE HOSPITAL MAY BURN.)
- (IF CONVENIENT HAVE THE MAN ON THE INSTRUCTOR'S RIGHT, SO HE CAN NOW BE MOVED TO THE LEFT -- JUST TO EMPHASIZE 'CORRECT POSITION' FOR THIS JOB.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

(2) (DEMONSTRATING "PRESENTATION")

STEPS IN THE OPERATION

1. UNTWIST AND STRAIGHTEN ENDS.

(FIG. 1)

"KEY POINTS"

- ABOUT 6 INCHES, FORM "V"
- HOLD IN LEFT HAND AT BASE OF "V"

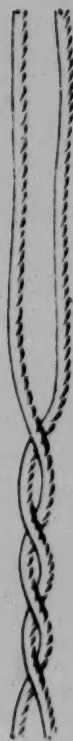


FIG. 1

2. MAKE R.H. LOOP IN RIGHT HAND WIRE

(FIG. 2)

- CROSS IN FRONT OF MAIN STRAND
- 1/2" DIAMETER
- HOLD WIRE AT CROSSING OF LOOP, MAIN STRAND.

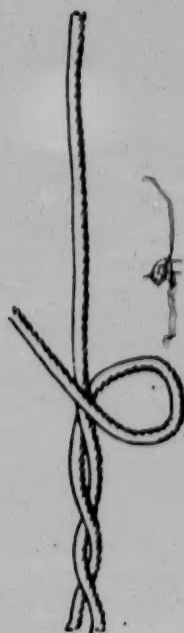


FIG. 2

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

STEPS IN THE OPERATION

"KEY POINTS"

3. MAKE L.H. LOOP WITH
LEFT HAND WIRE

- TOWARD YOU.
- UNDER STUB
PROTRUDING TO LEFT.
- BEHIND MAIN STRAND.

(FIG. 3)



FIG. 3

4. PUT END OF LEFT HAND
WIRE THROUGH R.H. LOOP

- BACK TO FRONT --
- TOWARD YOU



5. PULL TAUT.

(FIG. 4)

- WIRE ENDS IN
FINGER AND THUMB
OF RIGHT HAND.
- THUMB, FIRST FINGER
OF LEFT HAND, MAKE
LOOPS LIE ACROSS
MAIN STRAND.
- ENDS EVEN, KNOT SNUG.

FIG. 4

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

(3) (DEMONSTRATING "APPLICATION"):

- (PROVIDE WORKER WITH A NEW LENGTH OF WIRE.
- (ASK HIM TO TIE THE KNOT -- DO NOT ASK HIM IF HE WOULD LIKE TO TRY IT.)
- (STOP HIM IMMEDIATELY IF AN INCORRECT PROCEDURE IS DISCOVERED AND CORRECT IT.)
- (MAKE SURE HE FOLLOWS EXACTLY WHAT YOU PRESENTED. IF HE BECOMES CONFUSED, THEN SHOW AND EXPLAIN CORRECT PROCEDURE UNTIL THE FAULTY MOVEMENTS ARE OVERCOME.)
- (QUESTION HIM TO ASSURE YOURSELF THAT HE DOES UNDERSTAND WHAT YOU PRESENTED -- IF HE MISSED IT, GO BACK FAR ENOUGH TO MAKE IT CLEAR.)
- (ASK WORKER TO TIE THE KNOT A SECOND TIME, AND EXPLAIN TO YOU WHAT HE IS DOING AND WHY. IF HE DOES NOT EXPLAIN THE KEY POINTS, ASK QUESTIONS BEGINNING WITH "WHY," "WHAT," "WHERE," "WHEN," THAT WILL REQUIRE A CORRECT EXPLANATION.)
- (CONTINUE HAVING HIM TELL YOU WHAT HE IS DOING AND WHY UNTIL YOU KNOW HE KNOWS THE JOB. IT MAY BE NECESSARY FOR HIM TO TIE THE KNOT 5 OR 6 TIMES.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

(4) (DEMONSTRATING "TEST"):

- (ASK HIM TO GO AHEAD WITH THE JOB ON HIS OWN.)
- (ASK HIM QUESTIONS ON KEY POINTS.)
- (SET UP THE SITUATION AS REQUIRING THE TYING OF THE KNOT IN 500 CORDS -- A SHOP PROJECT.)
- (TELL HIM YOU WILL RETURN IN A FEW MINUTES TO SEE HOW HE IS GETTING ALONG ON HIS OWN AND CHECK HIS WORK.)

(1 HR AND 20 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

3. SUMMARIZING CORRECT INSTRUCTION (ALLOW 30 MIN)

- (1) (STRESS THAT THE SUCCESSFUL INSTRUCTION FOLLOWED A DEFINITE BUT SIMPLE PLAN, THE FOUR STEPS OF INSTRUCTION.)
- (2) (DRAW OUT BY BRIEF DISCUSSION WHAT YOU DID IN EACH STEP, AND USE THIS AS A MEANS FOR DEVELOPING THE FOUR STEPS ON THE BLACKBOARD.)
- (3) (LIST SUBHEADS FOR STEP I FIRST, THEN THE STEP. DO THE SAME FOR THE OTHER 3 STEPS. FOLLOW THE "HOW TO INSTRUCT" CARD. GET EVERY POINT ON THE BOARD.)
- (4) (DISCUSS BRIEFLY WHY EACH SUBPOINT CANNOT BE LEFT OUT, AND WHY IT IS A PART OF A PARTICULAR STEP AND NOT OF ANOTHER.)
- (5) (STRESS: IF THE WORKER HASN'T LEARNED, THE INSTRUCTOR HASN'T TAUGHT.)
(Point to it on Board)
- (6) (NOTE: Following are the F O U R S T E P S to be placed on the board.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

III. DEMONSTRATING CORRECT INSTRUCTION (CONT'D)

STEP I. PREPARATION

- (1) PUT HIM AT EASE.
- (2) STATE THE JOB AND FIND OUT WHAT HE
ALREADY KNOWS ABOUT IT.
- (3) GET HIM INTERESTED IN LEARNING THE JOB.
- (4) PLACE IN CORRECT POSITION.

STEP II. PRESENTATION

- (1) TELL, SHOW, AND ILLUSTRATE ONE
IMPORTANT STEP AT A TIME.
- (2) STRESS EACH KEY POINT.
- (3) INSTRUCT CLEARLY, COMPLETELY, AND
PATIENTLY, BUT NO MORE THAN HE CAN MASTER.

STEP III. APPLICATION

- (1) HAVE HIM DO THE JOB, CORRECT ERRORS.
- (2) HAVE HIM DO THE JOB AGAIN, AS HE EXPLAINS
EACH KEY POINT TO YOU.
- (3) ASK QUESTIONS TO BE SURE HE UNDERSTANDS
KEY POINTS.
- (4) HAVE HIM DO THE JOB OVER UNTIL YOU KNOW HE KNOWS.

STEP IV. TEST

- (1) PUT HIM ON HIS OWN.
- (2) ASK QUESTIONS ON KEY POINTS.
- (3) CHECK HIM FREQUENTLY, PRAISE GOOD WORK,
RE-TEACH TO CORRECT POOR WORK.

(1 Hr AND 50 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION I

IV. CONCLUDING THE SESSION (ALLOW 10 MIN)

1. (DISTRIBUTE THE "HOW TO INSTRUCT" CARDS, REVIEW THE FOUR STEPS OF INSTRUCTION.)
2. (READ THE FOUR STEPS OF "HOW TO GET READY TO INSTRUCT" AND STATE THAT IN THE NEXT SESSION WE WILL DISCUSS THESE IMPORTANT MATTERS IN DETAIL.)
3. (STATE THAT THE "APPLICATION STEP" IN CLINICAL INSTRUCTOR TRAINING IS ACCOMPLISHED BY PROVIDING EACH MEMBER WITH THE OPPORTUNITY TO TEACH A 15 MINUTE LESSON USING THE FOUR STEPS OF INSTRUCTION. INSTRUCT EACH MEMBER TO SELECT A JOB OR OPERATION FROM HIS WORK THAT CAN BE TAUGHT IN ABOUT 15 MINUTES. TEACHING SEQUENCE WILL BE IN ALPHABETICAL ORDER OF MEMBERS' SURNAMES. IF POSSIBLE, HAVE COPIES OF THE CLASS ROSTER TO HAND OUT, THEN MAKE SPECIFIC ASSIGNMENTS: 3 FOR SESSION III, 4 FOR SESSION IV, 3-5 FOR SESSION V, OTHERS IN SPECIAL SESSION IV-A. AVOID ENROLLING MORE THAN 10-12 IF AT ALL POSSIBLE, TO ELIMINATE THE NEED FOR AN EXTRA SESSION.)
4. (CLOSE BY STRESSING THAT WHEN THE UNDERWRITERS' KNOT WAS TAUGHT USING THE FOUR STEPS, THE LEARNER LEARNED, SO THE INSTRUCTOR MUST HAVE TAUGHT.)

CLINICAL INSTRUCTOR TRAINING - SESSION I

IV. CONCLUDING THE SESSION (CONT'D)

6. (POINT OUT THAT SYSTEMATIC USE OF THE FOUR STEPS OF INSTRUCTION BY CLINICAL INSTRUCTORS WILL HELP TRAIN MORE ALLIED HEALTH PERSONNEL, AND WILL MAKE A SIGNIFICANT CONTRIBUTION TOWARD SOLVING THE CRISIS IN HEALTH MANPOWER.)
7. (CLOSE PROMPTLY AT THE SCHEDULED HOUR, AND REMIND THE GROUP OF THE KEYNOTE OF THE SESSION -- "IF THE LEARNER HASN'T LEARNED THE INSTRUCTOR HASN'T TAUGHT".)

CLINICAL INSTRUCTOR TRAINING - SESSION II

BEFORE THE SESSION STARTS:

BE THERE 15 MINUTES AHEAD OF TIME.

HAVE A SUPPLY OF JOB BREAKDOWN SHEETS, SOME
BLANK SHEETS, AND SEVERAL PIECES OF WIRE.

I. OPENING THE SESSION

1. (GREET GROUP, EXPRESSING GRATIFICATION AT
THEIR INTEREST IN IMPROVING HEALTH CARE
THROUGH BETTER CLINICAL INSTRUCTION, AS
EVIDENCED BY THEIR PRESENCE.)
2. (BY APPROPRIATE REMARKS CREATE INFORMAL
ATMOSPHERE AND PUT GROUP AT EASE.)
3. (REVIEW FIRST SESSION BRIEFLY.)
4. (EMPHASIZE KEYNOTE):
"IF THE LEARNER HASN'T LEARNED, THE
INSTRUCTOR HASN'T TAUGHT."

(5 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (ALLOW 1 HOUR, 25 MIN)

1. "GOOD INSTRUCTION USING THE FOUR STEPS OF INSTRUCTION DOESN'T JUST HAPPEN -- IT MUST BE PLANNED IN ADVANCE."
2. "THE FOUR STEPS OF GETTING READY TO INSTRUCT ARE ON THE 'HOW TO INSTRUCT' CARD; WE WILL REVIEW THEM QUICKLY:
 - (1) MAKE A JOB BREAKDOWN
 - (2) MAKE A COURSE OUTLINE
 - (3) HAVE THE RIGHT EQUIPMENT, MATERIALS AND SUPPLIES
 - (4) HAVE THE WORKPLACE PROPERLY ARRANGED."
3. "IN THIS SESSION WE WILL DISCUSS THE FIRST TWO OF THE FOUR 'GETTING READY TO INSTRUCT' STEPS, STARTING WITH MAKING A JOB BREAKDOWN."
 - (1) "A JOB (OR OPERATION) IS A SERIES OF STEPS THAT MAKE UP A COMPLETE UNIT OF WORK." (On Board)
 - (2) "A JOB BREAKDOWN IS A BRIEF TABULATION OF THE STEPS ONE MUST DO AND THE KEY POINTS ONE MUST KNOW TO DO THE JOB." (On Board)

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'P)

(3) "THE JOB BREAKDOWN IS THE TEACHER'S GUIDE IN THE PRESENTATION STEP OF THE FOUR STEPS OF INSTRUCTION."

(4) "USE OF A CAREFULLY PREPARED JOB BREAKDOWN IN THE PRESENTATION STEP HAS FIVE ADVANTAGES:

- "PROVIDES A PROGRAMMED STEP-BY-STEP PROCEDURE THAT IS EASIER TO LEARN AND REMEMBER."
- "ASSURES INCLUSION OF ALL THE STEPS IN CORRECT ORDER."
- "PREVENTS TRYING TO TEACH TOO MUCH AT A TIME."
- "ASSURES THAT EACH OPERATION WILL BE TAUGHT THE SAME WAY EVERY TIME. (PRESUMABLY, THE BEST WAY.)"
- "THE CRITICALLY IMPORTANT 'KEY POINTS' ARE MADE CLEARER."

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

4. (DEMONSTRATE HOW TO MAKE A JOB BREAKDOWN USING THE FIRE UNDERWRITERS' KNOT):

- (1) "HERE'S A QUICK SIMPLE WAY TO MAKE A BREAKDOWN."
- (2) (EXPLAIN THAT HERE IS WHAT YOU DID TO GET THE FIRE UNDERWRITERS' KNOT CLEAR IN YOUR MIND BEFORE INSTRUCTING.)

(NOTE: *Pass out blank Breakdown Sheets and quickly review headings, important steps, and key points.*)

- (3) (TAKE WIRE AND GO TO THE BOARD.)
 - (TIE FIRE UNDERWRITERS' KNOT)
 - (WRITE DOWN HEADINGS, IMPORTANT STEPS, AND KEY POINTS) (On Board)
 - (DO THE FIRST IMPORTANT STEP, THEN WRITE IT ON THE BOARD.)
 - (DO THE SECOND IMPORTANT STEP, THEN WRITE IT DOWN, AND SO ON THROUGH.)
 - (THEN TIE THE KNOT AGAIN, STEP BY STEP, BRINGING OUT EACH KEY POINT. ASK YOURSELF ALOUD THE THREE QUESTIONS FOR EACH STEP AND ANSWER THEM YOURSELF.)

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

(4) (ESTABLISH THE BREAKDOWN ON THE BOARD
IN NUMBERED STEPS AS FOLLOWS:

JOB: TIE FIRE UNDERWRITERS' KNOT	
IMPORTANT STEPS	KEY POINTS
1. UNTWIST AND STRAIGHTEN ENDS,	- ABOUT 6 INCHES, FORM "V"
2. MAKE R.H. LOOP IN RIGHT HAND WIRE.	- HOLD IN LEFT HAND AT BASE OF "V"
3. MAKE L.H. LOOP WITH LEFT HAND WIRE	- CROSS <u>IN FRONT</u> OF MAIN STRAND
4. PUT END OF LEFT HAND WIRE THROUGH R.H. LOOP	- 1/2" DIAMETER
5. PULL TAUT.	- HOLD WIRE AT CROSSING OF LOOP, MAIN STRAND.
	- <u>TOWARD</u> YOU.
	- <u>UNDER</u> STUB PROTRUDING TO LEFT.
	- <u>BEHIND</u> MAIN STRAND
	- BACK TO FRONT --
	- TOWARD YOU
	- WIRE ENDS IN FINGER AND THUMB OF RIGHT HAND
	- THUMB AND FIRST FINGER OF LEFT HAND MAKE LOOPS LIE ACROSS MAIN STRAND.
	- ENDS <u>EVEN</u> , KNOT SNUG.

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

(5) (DISCUSS THE BREAKDOWN.)

- "PURPOSE IS NOT TO:
 - "COVER EVERY CONCEIVABLE STEP, POINT, MOTION OR PRECAUTION."
 - "OR WRITE A DESCRIPTION OF THE OPERATION."
 - "OR PROVIDE INSTRUCTION SHEETS FOR EMPLOYEES."
- "PURPOSE IS TO:
 - "HELP ORGANIZE THE OPERATION IN THE INSTRUCTOR'S MIND."
 - "BE SURE OF THE ONE BEST WAY THE OPERATOR SHOULD DO THE JOB."
- "IT IS JUST A NOTE FROM OURSELVES TO OURSELVES."

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

5. (WHAT IS AN "IMPORTANT STEP")

- (1) "AN IMPORTANT STEP IS A LOGICAL SEGMENT OF THE OPERATION WHEN SOMETHING HAPPENS TO ADVANCE THE WORK."

"FOR EXAMPLE, IN PUTTING A BLADE IN A HACKSAW:

- TAKE HOLD OF THE WING NUT IS NOT A STEP WORTH NOTING AS A REMINDER.
- SCREW DOWN WING NUT IS A STEP, BUT NOT AN IMPORTANT STEP.
- ADJUST THE TENSION IS THE IMPORTANT STEP.
- ADJUSTING THE TENSION IS THE REAL THING THAT HAPPENS. IT IS UNNECESSARY TO GO INTO GREATER DETAIL."

- (2) "THESE BREAKDOWNS ARE NOT HAIR-SPLITTING MICRO-MOTION STUDIES. THEY ARE JUST SIMPLE, COMMON SENSE REMINDERS OF WHAT IS REALLY IMPORTANT TO 'PUT OVER' IN A JOB."

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

6. (WHAT IS A 'KEY POINT'? -- REVIEW QUICKLY.)

- (1) "LARGE PORTION OF EVERY JOB IS
EASY TO LEARN.
- (2) "IT IS THE 5 OR 10 PERCENT THAT
REPRESENTS THE 'HARD' OR 'TRICKY'
PARTS. THESE REQUIRE THE TIME TO
LEARN -- REPRESENT THE REAL SKILL
NECESSARY.
- (3) " 'KEY POINT' WAS THE TERM CHOSEN
TO REPRESENT WHAT YOU HAVE TO 'KNOW'
TO DO A STEP PROPERLY.
- (4) "KEY POINTS MEAN, IN THEIR ORDER OF
IMPORTANCE:
 - "THOSE THINGS THAT 'MAKE OR BREAK'
THE JOB. (On Board)
 - "HAZARDS (IN MANY JOBS THESE RANK
FIRST).
 - "THINGS THAT MAKE THE WORK EASIER
TO DO -- 'KNACK' - 'TRICK' - 'FEEL'
'SAVVY' - 'SPECIAL TIMING' - 'BIT OF
SPECIAL INFORMATION'."

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

(5) "KEY POINTS DO NOT MEAN EVERY CONCEIVABLE THING THAT IS TO BE WATCHED, OR WHICH MIGHT GO WRONG. THERE IS NO NEED TO GO THAT FAR INTO DETAIL."

"KNOWING WHAT KEY POINTS ARE AND HOW TO PICK THEM OUT QUICKLY AND EASILY IS PERHAPS THE MOST IMPORTANT SINGLE THING IN CLINICAL INSTRUCTION."

(EXAMPLES OF KEY POINTS (CITE AS APPROPRIATE):

- "FEEL. WHEN APPLYING AN ACE BANDAGE ON A PATIENT'S LEG, THE KEY POINT IS KNOWING 'HOW TIGHT' -- A MATTER OF 'FEEL'.
- "KNACK. WHEN TAKING A BLOOD SPECIMEN, HOW TO PICK A GOOD VEIN.
- "TIMING AND PLACING OF HEAT. WHEN GIVING HEAT TREATMENTS, THERE ARE, AMONG OTHERS, TWO MAIN KEY POINTS: (1) ON WHAT AREA TO DIRECT THE HEAT, AND (2) FOR HOW LONG.
- "HAZARD. WHEN USING A KNIFE, OFTEN A KEY POINT IS TO 'CUT AWAY FROM YOU'.
- "SPECIAL INFORMATION. ON SOME KINDS OF ELECTRICAL THERAPEUTIC APPARATUS A KEY POINT IS KNOWING TO ATTACH THE IDENTIFIED NEGATIVE WIRE TO THE "-" TERMINAL AND THE POSITIVE WIRE TO THE "+" TERMINAL.

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

7. REVIEW AND DISCUSS SAMPLE COMPLETED JOB BREAKDOWNS

- (1) (ACCUMULATE 8-10 REPRESENTATIVE JOB BREAKDOWNS FROM SEVERAL HEALTH PROFESSIONS PREPARED BY MEMBERS OF PREVIOUS GROUPS, AND HAVE THEM DUPLICATED BY XEROX OR SIMILAR PROCESS.)
- (2) (REVIEW THE IMPORTANT STEPS AND KEY POINTS OF EACH BREAKDOWN. POINT OUT THAT IN SOME CASES THEY ARE IN GREATER DETAIL THAN IN OTHERS, BUT THAT THIS IS AN INDIVIDUAL CHOICE. SOME ARE IN SUCH BRIEF "SHORTHAND" PHRASES THAT NO ONE BUT THE ORIGINAL WRITER MAY KNOW WHAT IS MEANT.)
- (3) (EMPHASIZE THAT A BREAKDOWN IS PRIMARILY A "NOTE FROM YOURSELF TO YOURSELF" FOR USE BY THE INSTRUCTOR IN STEP II, PRESENTATION.)
- (4) (POINT OUT THAT THE JOB BREAKDOWN IS THE SIMPLEST APPROACH TO PREPARATION OF INSTRUCTION SHEETS FOR USE BY THE TRAINEES IN STEP III, APPLICATION. EXPLAIN THAT ONE OF THE MOST DIFFICULT PROBLEMS IN TRAINING IS THE EFFICIENT MANAGEMENT OF THIS STEP, AND THAT INSTRUCTION SHEETS TO WHICH THE TRAINEES CAN REFER WILL SAVE MANY ERRORS AND PREVENT THE FORMATION OF INCORRECT HABITS, THUS SAVING TIME AND ACHIEVING A BETTER END RESULT. IF POSSIBLE, SHOW SOME SAMPLES OF INSTRUCTION SHEETS AND THE JOB BREAKDOWNS FROM WHICH THEY WERE DEVELOPED.)

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

8. (SUMMARIZE):

- (1) (MAKE CLEAR THE DIFFERENCE BETWEEN A STEP AND A KEY POINT.)
- (2) (MAKE CLEAR THAT FEW WORDS ARE REQUIRED.)
- (3) (MAKE CLEAR THAT BREAKDOWNS CAN BE DONE EASILY AND QUICKLY AFTER A LITTLE PRACTICE.)
- (4) (STATE):

"EVERYONE SHOULD MAKE HIS OWN BREAKDOWNS BY:

- "ACTUALLY DOING THE JOB.
- "LISTING THE IMPORTANT STEPS.
- "FINDING THE KEY POINTS BY ASKING:
 - "WHAT MAKES OR BREAKS THE JOB?
 - "INJURES THE WORKER?
 - "KNACKS THAT MAKE THE WORK EASIER TO DO?"

- (5) "BREAKDOWN SHEETS ARE NOT TO BE GIVEN TO WORKERS. THEY ARE FOR THE INSTRUCTOR'S OWN USE IN CLARIFYING AND ORGANIZING HIS OWN THINKING ABOUT THE JOB."
- (6) "FINISHED BREAKDOWN SHEETS MIGHT BE KEPT FOR READY REFERENCE."

CLINICAL INSTRUCTOR TRAINING - SESSION II

II. MAKING A JOB BREAKDOWN (CONT'D)

- (7) "THE CLINICAL INSTRUCTOR MUST MAKE A JOB BREAKDOWN FOR EVERY INSTRUCTIONAL JOB FOR WHICH HE IS RESPONSIBLE."
- (8) "IN MAKING A JOB BREAKDOWN THE INSTRUCTOR SHOULD STRIVE FOR THE 'BEST WAY TO DO THE JOB'. SOMETIMES WE DO USELESS STEPS JUST BECAUSE IT HAS 'ALWAYS BEEN DONE THAT WAY'. THIS APPLIES TO BOTH FLOW AND SEQUENCE OF WORK AND THE AVAILABILITY OF NEW VALIDATED RESEARCH KNOWLEDGE THAT MIGHT BE INCLUDED TO IMPROVE SOME ASPECT OF HEALTH CARE SERVICE. MAKING A BREAKDOWN OF A JOB IS THE FIRST STEP IN DEVELOPING A BETTER WAY OF DOING IT."
- (9) "JOB BREAKDOWNS MAY BE USED AS THE BASIS FOR WRITING INSTRUCTION SHEETS FOR USE BY THE TRAINEES IN STEP III, APPLICATION. THEY PROVIDE STEP-BY-STEP INSTRUCTIONS ILLUSTRATED WITH DRAWINGS OR PHOTOGRAPHS."

(1 HOUR, 30 MINUTES TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE

1. "WHY A COURSE OUTLINE FOR CLINICAL INSTRUCTION?" (ALLOW 20 MIN)
 - (1) "TEACHING IS GETTING A PERSON TO CHANGE HIS BEHAVIOR."
 - (2) "BEHAVIORAL CHANGE IS THE TAKING ON AND APPLYING OF NEW SKILLS, KNOWLEDGES, AND ATTITUDES, OR DROPPING THE USE OF OLD ONES."
 - (3) "THE LEARNER CHANGES HIS BEHAVIOR HIMSELF, AND MUCH OF THIS IS DONE ON HIS OWN. WE HAVE ALL HEARD OF THE 'SELF-TAUGHT MAN'."
 - (4) "MOST LEARNING (BEHAVIORAL CHANGE) CAN TAKE PLACE IN THIS WAY, BUT IT IS INEFFICIENT -- TAKES TOO LONG, TOO MANY MISTAKES, TOO MUCH WASTE OF MATERIALS."
 - (5) "OVER THE YEARS SOCIETY HAS FOUND THAT IT PAYS TO ORGANIZE THE LEARNING ENVIRONMENT SO THE LEARNER CAN LEARN MORE IN LESS TIME WITH BETTER RECALL."

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

- (6) "ORGANIZED LEARNING ENVIRONMENTS ARE CALLED TRAINING PROGRAMS, AND THOSE WHO INDUCE THE LEARNERS TO LEARN ARE CALLED INSTRUCTORS."
- (7) "A TRAINING PROGRAM PROVIDES AN EFFICIENT ENVIRONMENT FOR LEARNING WHEN THE INSTRUCTOR IS ABLE TO INDUCE THE LEARNERS TO LEARN TO THE BEST OF THEIR ABILITY, AND WHEN THE MATERIAL TO BE LEARNED IS ORGANIZED IN A RATIONAL WAY."
- (8) "IF WE USE OUR FOUR STEPS OF INSTRUCTION WE WILL DO THE BEST WE KNOW HOW TO INDUCE THE LEARNERS TO DO THEIR BEST."
- (9) "WE HELP THE LEARNER TO LEARN IF WE ARRANGE THE ITEMS HE IS TO LEARN IN A RATIONAL ORDER, AS:
 - EASY TO DIFFICULT
 - SIMPLE TO COMPLEX
 - SAFE TO HAZARDOUS
 - CHRONOLOGICAL"

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

- (10) "CLINICAL INSTRUCTION MUST TO A LARGE EXTENT BE DEPENDENT ON THE FLOW OF WORK THROUGH THE DEPARTMENT, WHICH IS UNPREDICTABLE. IT IS IMPORTANT TO PREPARE A COURSE OUTLINE OF THE BEHAVIORAL OBJECTIVES TO BE ACHIEVED BY THE LEARNER IN THIS ENVIRONMENT, EVEN THOUGH THE FLOW OF WORK MAKES IT IMPOSSIBLE TO FOLLOW IT PERFECTLY."
- (11) "THE EXISTENCE OF A CLINICAL COURSE OUTLINE AND KEEPING A RECORD OF THE LEARNER'S PROGRESS, GIVES HIM THE SATISFACTION OF FEELING HE IS PART OF A SYSTEMATIC TRAINING PROGRAM, NOT JUST PART OF THE LABOR FORCE."

(1 HR 40 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

2. "How to make a course outline" (ALLOW 20 MIN)

(1) "OUR GOAL IS TO DEVELOP A LIST OF JOBS THE LEARNER MUST LEARN. MOST ALLIED HEALTH PROFESSIONS INVOLVE MORE THAN ONE TYPE OF WORK, SO THE FIRST STEP IS USUALLY TO SET UP UNIT HEADINGS." (HAND OUT SAMPLE COURSE OUTLINES FOR DISCUSSION. THOSE SHOWN HERE ARE FOR ILLUSTRATION. THE TRAINER SHOULD COLLECT SOME TYPICAL EXAMPLES AND HAVE THEM DUPLICATED FOR HIS OWN USE.)

(2) "A UNIT IS A GROUP OF RELATED JOBS. FOR EXAMPLE, A MEDICAL TECHNOLOGIST DECIDED THE LEARNERS COULD LEARN IN THE LABORATORY MORE EFFICIENTLY IF THEY ROTATED THROUGH THE FOLLOWING UNITS OF WORK: (READ)

UNIT A. BACTERIOLOGY

UNIT B. BIOCHEMISTRY

UNIT C. HISTOLOGY

UNIT D. HEMATOLOGY

UNIT E. PARASITOLOGY

UNIT F. BLOOD BANKING

(3) "UNDER EACH UNIT HEADING SHE LISTED THE JOBS THE LEARNER SHOULD LEARN, IN THE ORDER IN WHICH SHE THOUGHT HE SHOULD LEARN THEM, USING THE CRITERIA

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

(3) (CONT'D)

OF "EASY TO DIFFICULT, SIMPLE TO COMPLEX,
SAFE TO HAZARDOUS." IN SOME INSTANCES JOBS
MUST BE DONE IN SEQUENCE, AND ONLY A CHRONO-
LOGICAL APPROACH CAN BE USED."

(4) "A DENTIST'S ASSISTANT ORGANIZED HER COURSE
INTO 7 UNITS:

UNIT A. PATIENT PREPARATION

UNIT B. PREPARATION OF SUPPLIES,
INSTRUMENTS, AND EQUIPMENT

UNIT C. MIXING FILLING MATERIALS

UNIT D. MIXING IMPRESSION COMPOUNDS

UNIT E. ASSISTING WITH PATIENT TREATMENT

UNIT F. ASSISTING IN TAKING X-RAYS

UNIT G. CLERICAL WORK

(5) "TO ILLUSTRATE A COURSE OUTLINE COMPLETE WITH
JOBS IN EACH UNIT, WE WILL TAKE ONE PREPARED
BY A HOSPITAL ATTENDANT:

UNIT A. BEDSIDE CARE

1. TAKE AND RECORD TEMPERATURE

2. TAKE AND RECORD PULSE RATE

3. TAKE AND RECORD RESPIRATORY RATE

4. HELP PATIENT UNDRESS AND DRESS

5. HELP PATIENT CHANGE POSITION

6. GIVE PATIENT BATH AND ALCOHOL RUB

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

(5) CONT'D

7. SERVE MEALS, FEED PATIENT
8. WASH PATIENT'S HANDS AND FACE, COMB
HAIR, BRUSH TEETH
9. PASS AND CARE FOR BASINS, BEDPANS,
URINALS, SPUTUM CUPS, AND REFUSE BAGS."

UNIT B. MINOR TREATMENT

1. APPLY RESTRAINTS
2. SET UP TRACTION DEVICES
3. ASSIST DOCTORS AND NURSES IN TREATMENT

UNIT C. HOUSEKEEPING AND ADMINISTRATIVE DUTIES

1. ASSIST IN ADMITTING AND DISCHARGING
PATIENTS
2. CARE FOR BODY OF DECEASED
3. STRIP AND MAKE UP BED
4. DISTRIBUTE SUPPLIES AND LINENS
5. CLEAN SPECIFIED ITEMS OF EQUIPMENT

UNIT D. PATIENT TRANSPORTATION

1. TRANSFER PATIENT FROM BED TO GURNEY
AND RETURN
2. TRANSFER PATIENT FROM BED TO WHEEL-
CHAIR AND RETURN

- (6) "MANY HEALTH PROFESSIONS HAVE COURSE OUTLINES
PRESCRIBED BY LAW OR REGULATION. IN SUCH CASES,
THE OFFICIAL COURSE SHOULD BE USED.
- (7) "NOTE THAT ALL ITEMS IN EACH UNIT ARE EXPRESSED
IN BEHAVIORAL TERMS. THEY STATE WHAT YOU
EXPECT THE LEARNER TO BE ABLE TO DO.

CLINICAL INSTRUCTOR TRAINING - SESSION II

III. MAKING A COURSE OUTLINE (CONT'D)

- (8) "COURSE OUTLINES MUST BE REVISED REGULARLY
TO KEEP CURRENT WITH LATEST PRACTICES."

(1 HOUR - 50 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION II

IV. HAVING THE RIGHT EQUIPMENT, MATERIALS, AND SUPPLIES;
HAVING THE WORKPLACE PROPERLY ARRANGED (ALLOW 5 MIN)

1. (REFER GROUP TO "HOW TO GET READY" SIDE OF THE CARD.)
2. (READ THE LAST TWO "GET READY" POINTS, "HAVE THE RIGHT EQUIPMENT, MATERIALS, AND SUPPLIES" AND "HAVE THE WORK PLACE PROPERLY ARRANGED.")

(POINT OUT):

- "THE SUPERVISOR AND CLINICAL INSTRUCTOR SHOULD SET THE RIGHT EXAMPLE FOR EVERY STAFF MEMBER.
- "MAKESHIFT INSTRUMENTS AND EQUIPMENT SHOULD NOT BE USED.
- "APOLOGIES FOR USING WRONG EQUIPMENT HURT A WORKER'S RESPECT FOR HIS LEADER.
- "LACK OF MATERIALS OR "FORGETTING" SOMETHING MAKES FOR POOR WORK STANDARDS.
- "POORLY ARRANGED WORKPLACE, OR CLUTTERED UP CABINETS OR DESKS PILED WITH PAPERS, OR ANY SINGLE THING THAT IS WRONG SETS A POOR EXAMPLE TO EMPLOYEES."

CLINICAL INSTRUCTOR TRAINING - SESSION II

IV. HAVING THE RIGHT EQUIPMENT, MATERIALS, AND SUPPLIES;
HAVING THE WORKPLACE PROPERLY ARRANGED (CONT'D)

3. (DISCUSS THE ABOVE POINTS BRIEFLY,
POINTING OUT THAT):

- "THESE ARE WELL-KNOWN FAILURES
- "NOTHING NEW IN THEM
- "THEY ARE OFTEN OVERLOOKED, HOWEVER,
BECAUSE THEY APPEAR SMALL AND UNIM-
PORTANT
- "WE SHOULD NEVER BE SO BUSY THAT WE
CAN'T SET THE RIGHT EXAMPLE FOR ALL
STAFF PERSONNEL
- "THAT'S WHAT SUPERVISORS AND CLINICAL
INSTRUCTORS ARE RESPONSIBLE FOR."

4. IN EACH PRACTICE INSTRUCTION DEMONSTRATION
WE WILL ALL NOTE HOW WELL THE INSTRUCTOR
HAS CARRIED OUT THE FOUR STEPS OF GETTING
READY TO INSTRUCT

(1 HOUR - 55 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION II

V. SUMMARY (ALLOW 5 MIN)

1. (SUMMARIZE JOB BREAKDOWN)

- (1) "WE HAVE SEEN THAT INSTRUCTION CAN BE EFFICIENT WHEN WE USE THE FOUR STEPS OF INSTRUCTION.
- (2) "THE FOUR STEPS OF INSTRUCTION WILL NOT WORK IF THE INSTRUCTOR DOES NOT FOLLOW THE FOUR STEPS OF GETTING READY TO INSTRUCT.
- (3) "WE HAVE DISCUSSED ALL FOUR OF THE GETTING READY STEPS, BUT MAKING A JOB BREAKDOWN AND MAKING A COURSE OUTLINE ARE THE MOST IMPORTANT.
- (4) "THE JOB BREAKDOWN IS A STEP-BY-STEP ANALYSIS OF THE JOB INTO IMPORTANT STEPS AND KEY POINTS. IT IS USED BY THE INSTRUCTOR AS A GUIDE IN THE PRESENTATION STEP OF THE FOUR STEPS OF INSTRUCTION."

CLINICAL INSTRUCTOR TRAINING - SESSION II

V. SUMMARY (CONT'D)

2 (SUMMARIZE COURSE OUTLINE)

- (1) "THE COURSE OUTLINE IS A CLASSIFICATION INTO UNITS OF RELATED JOBS OF ALL THE JOBS THAT MUST BE LEARNED IN AN OCCUPATION.
- (2) "THE UNITS AND JOBS MAY BE ARRANGED IN THE BEST LEARNING ORDER ACCORDING TO THE NATURE OF THE OCCUPATION. SOME CRITERIA USED ARE "EASY TO DIFFICULT," "SIMPLE TO COMPLEX," AND "SAFE TO HAZARDOUS." SOME MUST BE ARRANGED CHRONOLOGICALLY.
- (3) "FOR A CLINICAL INSTRUCTION PROGRAM TO WORK WELL, EVERY CLINICAL INSTRUCTOR MUST HAVE A COURSE OUTLINE OF THE JOBS HE IS RESPONSIBLE FOR TEACHING AND HE MUST HAVE A JOB BREAKDOWN FOR EACH OF THOSE JOBS.

CLINICAL INSTRUCTOR TRAINING - SESSION II

V. SUMMARY (CONT'D)

3. (LEAD-IN TO THIRD SESSION)

- (1) "AT OUR NEXT MEETING WE WILL DISCUSS THE FOUR TOOLS OF INSTRUCTION, AND HABIT FORMATION, TO BE FOLLOWED BY THREE PRACTICE INSTRUCTION DEMONSTRATIONS.
- (2) "THE PRACTICE INSTRUCTION DEMONSTRATIONS WILL BE GIVEN BY (READ NAMES) IN THAT ORDER. PICK SHORT JOBS FROM YOUR OWN OCCUPATION THAT CAN BE DONE IN ABOUT FIFTEEN MINUTES WITH EQUIPMENT THAT CAN BE BROUGHT INTO THE MEETING ROOM. SELECT AS A TRAINEE A MEMBER OF THE GROUP WHO DOES NOT ALREADY KNOW THE JOB. HAVE A JOB BREAKDOWN FOR THE JOB, AND USE IT AS A GUIDE IN STEP II.
- (3) "EVERY MEMBER OF THE GROUP WILL TRY TO MAKE AN ACCURATE JOB BREAKDOWN OF EACH DEMONSTRATION, AND WILL MAKE NOTES ON THE MEMBER'S HANDLING OF THE FOUR STEPS OF INSTRUCTION AND THE FOUR GET READY STEPS. A FIVE MINUTE CRITIQUE DISCUSSION WILL FOLLOW EACH DEMONSTRATION."

CLINICAL INSTRUCTOR TRAINING - SESSION II

V. SUMMARY (CONT'D)

- (4) "OUR PRACTICE INSTRUCTION IS THE STEP III IN OUR CLINICAL INSTRUCTOR TRAINING SESSIONS, SO WE MUST MAKE IT AS REALISTIC AS POSSIBLE. FOR THIS REASON WE WILL INSTRUCT ONE TRAINEE RATHER THAN A GROUP, AS INDIVIDUAL INSTRUCTION IS MORE PREVALENT IN THE CLINIC THAN GROUP INSTRUCTION. CONCENTRATE ON YOUR TRAINEE AND FOLLOW EVERY DETAIL OF THE FOUR STEPS OF INSTRUCTION AND GETTING READY TO INSTRUCT.
- (5) "REMEMBER OUR KEYNOTE -- "IF THE LEARNER HASN'T LEARNED, THE INSTRUCTOR HASN'T TAUGHT."

(2 HOURS TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

BEFORE THE SESSION STARTS:

BE THERE AHEAD OF TIME. HAVE A SUPPLY OF
BREAKDOWN SHEETS FOR YOURSELF AND ALL
MEMBERS. HAVE CHAIRS ARRANGED PROPERLY.

I. OPENING THE SESSION

(ALLOW 5 MIN)

(REVIEW BRIEFLY):

- (FOUR THINGS NECESSARY TO GET READY
TO INSTRUCT, PARTICULARLY THE JOB
BREAKDOWN.)
- (FOUR BASIC STEPS OF INSTRUCTION.)

CLINICAL INSTRUCTOR TRAINING - SESSION III

II. THE FOUR "TOOLS" OF INSTRUCTION

(ALLOW 10 MIN)

1. (TELLING)

- (1) "TELLING ALONE IS NOT VERY USEFUL AS AN INSTRUCTIONAL TOOL WHEN THE OBJECTIVE OF THE INSTRUCTION IS TO DEVELOP NEW MANUAL SKILLS. IT MAY BE USED TO ADVANTAGE WHEN THE OBJECTIVE IS TO IMPART INFORMATION, IF THE INFORMATION CAN BE INTERPRETED EASILY BY THE WORKER IN TERMS OF HIS PAST KNOWLEDGE AND EXPERIENCE. WHEN THE "TELLING" TOOL IS USED IN INSTRUCTION, IT IS PARTICULARLY IMPORTANT THAT THE INSTRUCTOR FOLLOW THE "TELLING" BY CHECKING THE LEARNER'S UNDERSTANDING OF WHAT WAS TOLD."
- (2) "TELLING" HAS SOME VALUE WHEN IT IS USED SPARINGLY IN COMBINATION WITH OTHER INSTRUCTIONAL TOOLS SUCH AS "SHOWING" AND "ASKING" OR WHEN A LIMITED AMOUNT OF NEW INFORMATION MUST BE PASSED ON TO THE WORKER."

CLINICAL INSTRUCTOR TRAINING - SESSION III

II. THE FOUR "TOOLS" OF INSTRUCTION (CONT'D)

2. (SHOWING)

- (1) "SHOWING" ALONE IS BETTER THAN "TELLING" ALONE AS AN INSTRUCTIONAL TOOL WHEN NEW SKILLS ARE TO BE DEVELOPED, BUT IT IS OF GREATEST VALUE WHEN IT IS USED IN COMBINATION WITH THE "TELLING" OR "ASKING" TOOLS."
- (2) "SHOWING" IS PARTICULARLY USEFUL IN THE PRESENTATION STEP OF A JOB WHEN THE LEARNER IS BEING TAUGHT TO DO SOMETHING WHICH HE COULD NOT DO BEFORE."
- (3) "SHOWING" SHOULD ALWAYS BE DONE WITH THE ACTUAL INSTRUMENTS AND EQUIPMENT WHICH THE WORKER WILL USE IN THE CLINIC."

CLINICAL INSTRUCTOR TRAINING - SESSION III

II. THE FOUR "TOOLS" OF INSTRUCTION (CONT'D)

3. (ILLUSTRATING)

- (1) "THIS IS REALLY ANOTHER METHOD OF SHOWING. FOR PURPOSES OF INSTRUCTION, "ILLUSTRATING" MEANS CHARTS, DIAGRAMS, PICTURES, SKETCHES, AND SLIDES. MANY A WORKER HAS HAD A POINT MADE CLEAR TO HIM BY A SKETCH ON THE BACK OF AN ENVELOPE. "ILLUSTRATING" IS A MOST VALUABLE TOOL THAT IS USED COUNTLESS THOUSANDS OF TIMES EVERY MINUTE THROUGHOUT LABORATORIES AND CLINICS OF THE NATION."
- (2) "IF A SKETCH OR DIAGRAM IS USED, BE SURE THE WORKER UNDERSTANDS IT."
- (3) "DO NOT LEAVE TOO MUCH TO THE WORKER'S IMAGINATION."
- (4) "MAKE SURE THE WORKER IS ABLE TO TRANSLATE YOUR ILLUSTRATION INTO THE ACTUAL WORKING CONDITIONS."

CLINICAL INSTRUCTOR TRAINING - SESSION III

II. THE FOUR "TOOLS" OF INSTRUCTION (CONT'D)

4. (QUESTIONING OR ASKING)

- (1) "ASKING" IS AN INSTRUCTING TOOL WHICH IS USEFUL THROUGHOUT THE ENTIRE INSTRUCTIONAL PROCESS IF IT IS USED PROPERLY."
- (2) "IT CAN BE USED IN PREPARING THE WORKER FOR INSTRUCTION."
- (3) "IT CAN BE USED IN CHECKING THE WORKER'S GRASP OF THE INSTRUCTION."
- (4) "IT CAN BE USED IN HELPING THE WORKER TO THINK THROUGH THE LOGICAL STEPS OF HIS NEW JOB, WHICH IS THE MOST IMPORTANT THING IN GOOD INSTRUCTION."
- (5) "IT CAN BE USED IN COMBINATION WITH THE OTHER INSTRUCTIONAL TOOLS SUCH AS "TELLING" AND "SHOWING". "
- (6) "IT IS PARTICULARLY IMPORTANT THAT THE QUESTIONS WHICH ARE ASKED ARE FRAMED SO THAT A "YES" OR "NO" ANSWER CANNOT BE GIVEN. QUESTIONS WHICH BEGIN WITH SUCH WORDS AS "WHAT," "WHO," "WHEN," "WHERE," "HOW," AND "WHY," CANNOT BE ANSWERED IN THIS FASHION."

CLINICAL INSTRUCTOR TRAINING - SESSION III

II. THE FOUR "TOOLS" OF INSTRUCTION (CONT'D)

- (7) "WELL-SELECTED QUESTIONS KEEP THE WORKER'S MIND ACTIVE AND CONCENTRATED ON WHAT IS BEING TAUGHT."
 - (8) "QUESTIONING HEIGHTENS THE WORKER'S INTEREST."
 - (9) "IT STIMULATES HIS CONFIDENCE BY AFFORDING HIM AN OPPORTUNITY TO SHOW HIS OWN KNOWLEDGE."
 - (10) "IT GETS ACTIVE RESPONSE FROM HIM AND HELPS TO MAKE THE POINTS "STICK". THIS IS VERY IMPORTANT TO THE INSTRUCTOR."
5. "REMEMBER - THERE IS NO LEARNING WITHOUT PHYSICAL AND MENTAL ACTIVITY."

(15 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

III. HABIT FORMATION

(ALLOW 15 MIN)

1. "MUCH LEARNING, PARTICULARLY OF SKILLS, CONSISTS OF FORMING MENTAL AND MUSCULAR HABIT PATTERNS.
2. "ONCE A HABIT PATTERN IS LEARNED IT IS DIFFICULT TO DISPLACE IT AND SUBSTITUTE ANOTHER.
3. "AN EXAMPLE IS THE MAN WHO WORE A WRIST WATCH FOR MANY YEARS, THEN CHANGED TO A POCKET WATCH, IT WAS VERY DIFFICULT FOR HIM TO BREAK THE HABIT OF LOOKING AT HIS WRIST WHEN HE WANTED TO KNOW WHAT TIME IT WAS. IT WOULD HAVE BEEN EASIER FOR HIM TO LEARN TO USE A POCKET WATCH IF HE HAD KNOWN NOTHING ABOUT WATCHES.
4. "FOR THIS REASON IT IS IMPORTANT TO BE SURE THE LEARNER PERFORMS EACH STEP CORRECTLY THE FIRST TIME HE UNDERTAKES TO LEARN A NEW OPERATION. IF HE FORMS THE HABIT OF DOING IT WRONG AT THE START IT TAKES MUCH MORE TIME AND EFFORT TO GET HIM STRAIGHTENED OUT THAN WOULD HAVE BEEN THE CASE IF HE HAD LEARNED THE CORRECT HABIT TO BEGIN WITH.

CLINICAL INSTRUCTOR TRAINING - SESSION III

III. HABIT FORMATION

5. "USE EVERY PRECAUTION TO MAKE SURE THE LEARNER DOES EACH JOB CORRECTLY THE FIRST TIME, AND THAT HE REPEATS IT CORRECTLY UNTIL THE HABIT OF DOING IT THAT WAY IS THOROUGHLY ESTABLISHED.
6. "THIS IS ONE REASON STEP III, APPLICATION, IS SO VERY IMPORTANT. IN THIS STEP, ALWAYS BE SURE THE LEARNER DOES THE JOB CORRECTLY THE FIRST TIME HE TRIES IT, SO HE WILL NOT ACQUIRE BAD HABITS.
7. "THERE IS ALSO A BENEFICIAL PSYCHOLOGICAL EFFECT FROM SUCCESSFUL PERFORMANCE. WE NO DOUBT LEARN FROM OUR MISTAKES, BUT WE LEARN MORE FROM OUR SUCCESSES. SUCCESS BUILDS CONFIDENCE, FAILURE DESTROYS IT."

(30 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (ALLOW 1 HOUR
AND 25 MIN)

1. (EXPLAIN HOW DEMONSTRATIONS AND COMMENTS
WILL BE MADE)

"EVERYONE SHOULD PUT ON HIS "THICK SKIN"
BECAUSE EVERYONE IS GOING TO "DO HIS
STUFF" BEFORE THE GROUP AND INVITE
CRITICISMS AND SUGGESTIONS."

2. "IT IS A REAL ADVANTAGE TO EACH MEMBER
TO GET THE BENEFIT OF OTHERS' COMMENTS,
IN A THOROUGHLY FRIENDLY AND HELPFUL
ATMOSPHERE."

3. (EXPLAIN THAT)

(1) "ALL MEMBERS ARE NOW EXPECTED TO
FOLLOW THE WHOLE PLAN -- THE FOUR
GET-READY POINTS, AS WELL AS THE
FOUR BASIC INSTRUCTION STEPS;
USE YOUR "HOW TO INSTRUCT" CARDS."

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

- (2) "EACH MEMBER IS TO GET HIS TOOLS, SUPPLIES, AND WORK PLACE ARRANGED JUST AS HE WANTS, AND AFTER THE INSTRUCTION STARTS, ANY ERRORS OR "FUMBLES" WILL BE COMMENTED UPON."
- (3) "EACH MEMBER SHOULD DESCRIBE THE CLINICAL OR LABORATORY SETTING OF HIS JOB BEFORE HE STARTS, I.E. -
 - "WHETHER HE IS SUPERVISOR, CLINICAL INSTRUCTOR, OR WHAT."
 - "WHETHER THE LEARNER IS EXPERIENCED, BEING TRANSFERRED, OR NEW."

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CON'D)

4. (BEFORE THE DEMONSTRATION STARTS):

(1) (DISTRIBUTE BREAKDOWN SHEETS)

(2) (ASK MEMBERS TO JOT DOWN WHAT THEY CAN "CATCH" OF THE STEPS AND KEY POINTS OF THE OPERATION.

- REVIEW AS IS NECESSARY WHAT A "KEY POINT" IS; I.E., SOMETHING THAT IS THE "KEY" TO THE RIGHT DOING OF A STEP. REMEMBER, HOWEVER, THAT EVERY LITTLE POINT OR PRECAUTION IS NOT A KEY POINT.)

(3) (ASK THEM TO FOLLOW THEIR "HOW TO INSTRUCT" CARDS AND NOTE ANY ERRORS AND OMISSIONS.)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

5. (CALL ON A MEMBER TO PUT ON HIS DEMONSTRATION)

(1) (CALL FOR VOLUNTEER TO SERVE AS "LEARNER")

(NOTE: See that each member serves as the "learner" in one demonstration. See that the "learner" does NOT know the job wherever possible.)

(2) (CAUTION "INSTRUCTOR" TO HAVE EVERYTHING READY AND IN ORDER.)

(3) (ASK HIM TO STATE THE JOB SETTING FOR HIS DEMONSTRATION.)

(4) (HAVE A SUPPLY OF BREAKDOWN SHEETS FOR YOUR OWN USE)

- (AS THE DEMONSTRATION PROCEEDS JOT DOWN BOTH IMPORTANT STEPS AND KEY POINTS AS YOU CAN CATCH THEM FROM THE DEMONSTRATION.
- (MAKE NOTES ON THE SAME BREAKDOWN SHEETS AS TO ERRORS, OMISSIONS, AND MISTAKES YOU HAVE OBSERVED IN THE GET READY POINTS AND KEEP STEPS II AND III NOTES IN PARALLEL COLUMNS, SO YOU CAN COMPARE POINTS CHECKED AGAINST POINTS PRESENTED. SEE NEXT PAGE FOR SAMPLE CRITIQUE BREAKDOWN.)

(50 MIN TO HERE)

U.C.L.A. DIVISION OF VOCATIONAL EDUCATION
CLINICAL INSTRUCTOR TRAINING PROGRAM
JOB BREAK-DOWN SHEET

Instructor: Smith 11-11:17

Trainee: Jones

Job: Bandage
AK Stump

IMPORTANT STEPS IN THE OPERATION:

A logical segment of the operation when something happens to ADVANCE the work

KEY POINTS: Anything in a step that might

Make or break the job
Injure the worker
Make the work easier, i.e., "knack," "trick," special timing, bit of special information

I Forget to bring safety pins
Easy Knows
OK Forget to ask

Interest Position
Related to job? OK

II

III

1. Position angulate
2. Make recurrent turns
3. Anchor recurrent turns
4. Make oblique turns
5. Make hip spica
6. Anchor bandage

- ✓ Sound side, Stump left.
- ✓ Ant. at inguinal lig. Work down up to glut. crease, then lat. Have amp. help hold and
- 3 Horiz. turns, lat. to med. post. (Missed 3)
- ✓ Down over and, up, fig. 8 Pressure on distal bulb (?) (How many?)
- ✓ Ant.-med. inguinal seg, ant. Stump, around body, fig. 8 around Stump, oblique turn again - finish E
- ✓ 2 med. safety pins - locate ant. or medial (why?) Safety - do not stretch patient - avoid use of clips (?)

IV. Questions good, but brought out some key points that should have been covered in II & III - (Reason for not using clips etc.)

CLINICAL INSTRUCTOR TRAINING- SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

6. (AFTER THE DEMONSTRATION, COMMENT, (ALLOW 10 MIN)
USING THE STANDARD PROCEDURE, AS
FOLLOWS):

(1) (THANK THE "WORKER" FOR HIS COOPER-
ATION AND LET HIM RETURN TO HIS
PLACE. ASK THE "INSTRUCTOR" TO
LEAVE HIS DEMONSTRATION JOB SET-
UP AND REMAIN AT THE FRONT.)

(2) STEP 1 PREPARATION

TO GROUP - "LET'S REVIEW THIS DEMONSTRATION
WITH OUR 4-STEP METHOD."
- "LET'S LOOK AT STEP 1 ON OUR CARDS."

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(3) (SELECT FOR COMMENT FROM THE
FOLLOWING AS APPROPRIATE):

TO GROUP - "WHAT IS THE FIRST ITEM?"

(PUT HIM AT EASE)

- "WAS THIS NATURAL, OR OVERDONE,
OR POORLY DONE?"

(GROUP'S ANSWER)

TO A MEMBER - "WHAT IS THE SECOND ITEM?"

(STATE THE JOB, ETC.)

- "WHAT WAS THE JOB THE WORKER
HAD TO LEARN?"

(MEMBER'S ANSWER)

- "HOW MUCH DID THE WORKER KNOW ABOUT IT?"

(MEMBER'S ANSWER)

TO GROUP - "THE THIRD ITEM ON THE CARD IS - "GET
HIM INTERESTED IN LEARNING JOB."

TO A MEMBER - "HOW DID THE INSTRUCTOR GET THE WORKER
INTERESTED IN THIS CASE?"

(MEMBER'S ANSWER)

TO WORKER - "WHAT IS THE LAST ITEM UNDER STEP 1?"

(PLACE IN CORRECT POSITION)

- "WERE YOU IN THE BEST POSITION TO SEE THE JOB?"

(WORKER'S ANSWER)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(4) STEP 2 - PRESENTATION

To GROUP - "LET'S SEE HOW THE JOB WAS PRESENTED."

(SELECT FOR COMMENT FROM THE FOLLOWING AS APPROPRIATE):

To GROUP - "WHAT IS THE FIRST ITEM UNDER STEP 2?"

(TELL, SHOW, AND ILLUSTRATE ONE IMPORTANT STEP AT A TIME)

- "HOW MANY IMPORTANT STEPS DID YOU CATCH?"

(ANSWERS FROM SEVERAL MEMBERS. IF A DIFFERENCE EXISTS, IT SERVES YOUR PURPOSE EXCELLENTLY. IN ANY CASE, SAY: "SUPPOSE WE HOLD THE DISCUSSION ON HOW EACH IMPORTANT STEP WAS PRESENTED UNTIL LATER".)

To GROUP - "WHAT IS THE SECOND ITEM?"

(STRESS EACH KEY POINT)

- "HOW MANY KEY POINTS DID YOU CATCH?"

(ANSWERS FROM SEVERAL MEMBERS. IF A DIFFERENCE EXISTS, IT SERVES YOUR PURPOSE EXCELLENTLY. IN ANY EVENT, SAY: "LET'S DISCUSS THE KEY POINTS LATER WHEN WE LOOK AT THE IMPORTANT STEPS.")

To WORKER - "WHAT IS THE LAST ITEM UNDER STEP 2?"

(INSTRUCT CLEARLY, COMPLETELY AND PATIENTLY, ETC.)

- "WERE THE INSTRUCTIONS CLEAR, UNDERSTANDABLE, COMPLETE OR IS THERE MORE INFORMATION YOU WOULD LIKE TO HAVE?"

(WORKER'S ANSWER)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(5) STEP 3 - APPLICATION

TO GROUP - "THE FIRST ITEM ON THE CARD UNDER STEP 3 ,
"APPLICATION" IS -- "HAVE HIM DO THE JOB --
CORRECT ERRORS".

(SELECT FOR COMMENT FROM THE FOLLOWING AS APPROPRIATE):

TO A MEMBER - "WERE ANY ERRORS CORRECTED THE FIRST TIME
THE LEARNER PERFORMED THE JOB?"
(MEMBER'S ANSWER)

(IF APPROPRIATE, ASK):

- "WHAT WERE THEY?"

(MEMBER'S ANSWER)

TO GROUP - "WHAT IS THE NEXT ITEM UNDER STEP 3?"
(HAVE HIM EXPLAIN EACH KEY POINT, ETC.)

- "WAS EACH KEY POINT EXPLAINED BY THE WORKER
OR DID HE MISS SOME?"
(ANSWERS FROM SEVERAL MEMBERS. IF A
DIFFERENCE EXISTS, IT SERVES YOUR
PURPOSE EXCELLENTLY. IN ANY EVENT
SAY: "LET'S SAVE THE DISCUSSION ON
CHECKING THESE KEY POINTS UNTIL LATER".)

CLINICAL INSTRUCTOR TRAINING - SESSION III.

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

TO WORKER - "WHAT'S THE NEXT ITEM UNDER "APPLICATION"?"
(MAKE SURE HE UNDERSTANDS)

- "DO YOU UNDERSTAND ALL THE KEY POINTS OF
THIS JOB OR ARE YOU HAZY ABOUT SOME?"
(WORKER'S ANSWER)

TO GROUP - "HOW MANY TIMES DID THE INSTRUCTOR HAVE
THE WORKER DO THE JOB AND EXPLAIN THE
KEY POINTS?"
(GROUP'S ANSWER)

TO INSTRUCTOR - "WHAT IS THE LAST ITEM IN THIS STEP?"
(HAVE HIM DO THE JOB OVER UNTIL YOU
KNOW HE KNOWS)

- "WHY WERE YOU SATISFIED THE WORKER KNEW
THE JOB IN THIS CASE?"
(WORKER DID THE JOB AND EXPLAINED IT
AGAIN AND AGAIN UNTIL HE KNEW IT
PERFECTLY)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(6) STEP 4 - TEST

TO GROUP - "LET'S LOOK AT STEP 4 OF OUR METHOD.
WHAT IS IT?"
(TEST)

SELECT FOR COMMENT FROM THE FOLLOWING AS APPROPRIATE):

TO A MEMBER - "WHAT ARE THE FIRST TWO ITEMS?"
(PUT HIM ON HIS OWN, ASK QUESTIONS
ON KEY POINTS)

- "DID THE INSTRUCTOR ASK QUESTIONS?"
(MEMBER'S ANSWER)

TO INSTRUCTOR - "THE NEXT ITEMS ON THE CARD ARE:
CHECK FREQUENTLY, PRAISE GOOD WORK,
REINSTRUCT TO CORRECT POOR WORK."

- "HOW SOON WILL YOU HAVE TO CHECK?"
(INSTRUCTOR'S ANSWER)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(7) (REVIEW THE USE OF JOB BREAKDOWN IN STEPS 2 AND 3)

TO GROUP - "LET'S REVIEW HOW THE JOB BREAKDOWN
WAS USED IN THIS CASE."

- "OUR CARD TELLS US UNDER STEP 2
"PRESENTATION" TO STRESS EACH KEY
POINT."

- "IN ORDER TO FIND OUT IF EACH KEY POINT
WAS PROPERLY HANDLED, LET'S SLOW DOWN
THE JOB, AND LOOK AT EACH IMPORTANT
STEP ONE AT A TIME."

TO A MEMBER - "AS I CAUGHT THE INSTRUCTION THE FIRST
IMPORTANT STEP WAS --

- "WHAT KEY POINTS DID THE INSTRUCTOR
STRESS IN THAT IMPORTANT STEP?"
(MEMBER'S ANSWER)

- "WHAT KEY POINTS DID THE WORKER
EXPLAIN WHEN HE PERFORMED THAT
IMPORTANT STEP?"
(MEMBER'S ANSWER)

(NOTE TO TRAINER:



CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(NOTE TO TRAINER: Continue the above questioning on each important step using different members. "Smoke out" key points you feel should have been brought out using the "What would happen if----, Why did you ----, etc." technique with the instructor and worker. Where key points were brought out in Step 3, for the first time, or not checked in Step 3, or missed in both Steps 2 and 3, always make a convincing statement about the importance of properly handling key points.)

TO GROUP

- "THE LAST ITEM ON THE CARD REMINDS US
"IF LEARNER HASN'T LEARNED, THE IN-
STRUCTOR HASN'T TAUGHT". "

- "LET'S TURN OUR CARDS OVER TO THE
OTHER SIDE."

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

(8) (THE GET READY POINTS)

(SELECT AS APPROPRIATE FROM THE FOLLOWING):

TO INSTRUCTOR - "WHAT IS THE FIRST GET READY POINT?"

(HAVE A COURSE OUTLINE)

- "HOW DOES THIS JOB FIT INTO YOUR
COURSE OUTLINE?"

(INSTRUCTOR'S ANSWER)

- "WHAT ARE YOU GOING TO TEACH HIM NEXT?"

(INSTRUCTOR'S ANSWER)

- "WHY ARE YOU GOING TO GIVE HIM THAT
PARTICULAR JOB?"

(INSTRUCTOR'S ANSWER)

TO GROUP

- "THE NEXT GET READY POINT ON THE CARD
IS "BREAK DOWN THE JOB." "

- "WE HAVE JUST REVIEWED THE BREAKDOWN
FOR THIS JOB."

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

TO INSTRUCTOR - "WERE THERE ANY POINTS BROUGHT OUT
IN OUR DISCUSSION OF THE BREAKDOWN
THAT WOULD MAKE THE JOB EASIER FOR
YOU TO PUT OVER IF YOU HAD TO IN-
STRUCT THE WORKER AGAIN?"

(INSTRUCTOR'S ANSWER)

- "WHAT, FOR INSTANCE."

(INSTRUCTOR'S ANSWER)

TO WORKER - "DID OUR DISCUSSION HELP CLEAR UP
ANY POINTS FOR YOU?"

(WORKER'S ANSWER)

- "WILL YOU ILLUSTRATE?"

(WORKER'S ANSWER)

TO A MEMBER - "WHAT IS THE THIRD GET READY POINT?"
(HAVE EVERYTHING READY)

- "WERE THERE ANY FUMBLES -- DID THE
INSTRUCTOR FORGET ANYTHING?"

(MEMBER'S ANSWER)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

TO A MEMBER - "WHAT'S THE LAST GET READY POINT?"
(HAVE THE WORKPLACE PROPERLY ARRANGED)

- "DID THE INSTRUCTOR HAVE TO CHANGE THE
WORK PLACE DURING THE INSTRUCTION OR
APOLOGIZE?"

(MEMBER'S ANSWER)

TO GROUP - "WHAT EFFECT DO YOU THINK THIS KIND OF
INSTRUCTION WILL HAVE ON PERSONNEL
PROBLEMS IN THE ALLIED HEALTH PRO-
FESSIONS?"
(ANSWERS AND REASONS FROM SEVERAL MEMBERS)

TO INSTRUCTOR - "WILL THIS 4-STEP METHOD HELP YOU IN
TRAINING YOUR STAFF?"

-(THANK INSTRUCTOR FOR BRINGING IN THE JOB
AND REMIND HIM THAT THE COMMENTS AND
SUGGESTIONS WERE NOT INTENDED TO BE
PERSONAL. THEY WERE DIRECTED AT THE
JOB FOR THE PURPOSE OF BRINGING OUT THE
"FINE POINTS" AND "KNACKS" IN JOB INSTRUCTION.)

(1 HOUR AND 5 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

7. (CALL UP SECOND MEMBER FOR PRACTICE INSTRUCTION DEMONSTRATION) (ALLOW 25 MIN)

- (1) (CONTINUE AS BEFORE, EXCEPT GRADUALLY BE MORE EXACTING IN A FRIENDLY WAY)
- (2) (STRESS STEP III MORE AND MORE. INSIST THAT THE LEARNER DO THE JOB AND EXPLAIN THE KEY POINTS.)
- (3) (SUGGEST THAT MEMBER USE THE FOLLOWING "LEAD-IN" OR ONE ACCOMPLISHING THE SAME PURPOSE, WHEN HE ASKS THE LEARNER TO DO AND EXPLAIN:

"SOME OF US FIND IT EASY TO COPY MOTIONS. THIS DOESN'T ALWAYS MEAN WE UNDERSTAND. WOULD YOU DO THE JOB AGAIN, AND EXPLAIN TO ME WHAT YOU ARE DOING AND WHY?"

(1 HOUR AND 30 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

IV. CONDUCT 3 PRACTICE INSTRUCTION DEMONSTRATIONS (CONT'D)

8. (CALL ON THE THIRD MEMBER FOR
A DEMONSTRATION)

(ALLOW 25 MIN)

(1) (BECOME MORE AND MORE EXACTING
IN A FRIENDLY WAY.)

(2) (HAVE MEMBERS STRESS STEP III.
THERE IS ONLY ONE ANSWER TO
HOW MUCH STRESS AN INSTRUCTOR
SHOULD GIVE STEP III; NAMELY,
"CONTINUE UNTIL YOU KNOW HE KNOWS.")

(1 HOUR AND 55 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION III

V. SUMMING UP

(ALLOW 5 MIN)

1. (HAVE GROUP TELL YOU):
 - (1) (THE FOUR GET READY POINTS)
 - (2) (THE FOUR BASIC STEPS)
2. (SUGGEST TO THE MEMBERS WHO HAVE NOT YET PUT ON THEIR PRACTICE INSTRUCTING DEMONSTRATIONS THAT THEY REVIEW HOW THEY PLAN TO GET READY IN THE LIGHT OF THE DEMONSTRATIONS THEY HAVE WITNESSED.)

(THE MORE CAREFULLY THE INSTRUCTOR GETS READY THE BETTER THE INSTRUCTING JOB HE WILL DO.)
3. (ASK THE MEMBERS TO BRING COURSE OUTLINES TO THE NEXT SESSION SO SOME OF THEM CAN BE REVIEWED AND DISCUSSED.)
4. (MAKE SOME COMPLIMENTARY AND ENCOURAGING STATEMENTS ABOUT THE DEMONSTRATIONS THAT HAVE BEEN GIVEN IN THE SESSION.)
5. (POINT OUT THE PERSONAL VALUE IN GETTING ONE'S THINKING ABOUT THE JOB PLANNED AND ORGANIZED.)
6. (ADJOURN THE SESSION PROMPTLY AT SCHEDULED TIME.)

(2 HOURS TO HERE)

SUGGESTIONS TO CLINICAL INSTRUCTOR TRAINERS REGARDING
THE STANDARD PROCEDURE IN CONDUCTING PRACTICE
INSTRUCTION CRITIQUE SESSIONS

The first demonstrations in Session III will have many flaws. The trainer will have to pick out a few of the more basic ones and drive home his constructive suggestions concerning them. If he tries to correct every little detail in these early demonstrations, the time table for the session will be affected adversely but, what's more important, neither the instructor nor the group will be able to retain all the ideas discussed. Don't try to make the first demonstrations letter perfect. Select a few of the basic faults in each of the early demonstrations and really correct them. It may even mean that the trainer will have to leave out discussing some of the items in the standard procedure in order to drive home the points selected. The trainer should be more and more exacting in a friendly way as the demonstrations progress, correcting the minor details as the members show that they have mastered the basic ideas. It is not until the demonstrations in Session V that he does not let any fault go by unnoticed. If the trainer has done a good job of driving home his suggestions a few at a time in the early demonstrations, there will be few points needing correction in Session V.

The following are some devices that trainers have found helpful in making the discussions interesting as well as being effective in driving home points.

1. Ask the worker about points that were not made clear by the instructor. This provides a nice lead in to "If the worker hasn't learned, the instructor hasn't taught."
2. If the group has difficulty noting the Important Steps and Key Points as a demonstration is put on, remind them when a job is presented one Important Step at a time with the key points really stressed it permits everyone to catch these details.
3. Frequently when discussing the handling of a key point that the worker forgot, the instructor will say that he "told" the worker about it. This provides a good opportunity for the trainer to drive home the need for stressing key points and not merely mentioning them.

SUGGESTIONS TO CLINICAL INSTRUCTOR TRAINERS (cont'd)

4. Where the instructor has not been too exacting in getting back an explanation of the key points in a job, the trainer might refer to the card and ask the instructor how he can be sure that the worker understands. This will give the trainer a chance to sell the idea that workers should be able not only to do the job but understand "what they are doing and why."

As you gain experience in using the standard procedure you may wish to vary the actual words used from those given. This makes for interesting sessions and less stereotyped procedure. You may also find it desirable to vary the actual pattern used from demonstration to demonstration. For instance where the standard procedure calls for asking a member what the next item on the card is, you might read the item and then ask the member the appropriate question about it. In any event, do not change the intent or strategy of the standard procedure. To be on the safe side, if there is any doubt in your mind about a variation in the standard procedure, follow the exact pattern given.

In using the standard procedure, where the member's or group's answer does not agree with what you have recorded on your "trainer's notes," guide a brief discussion to the correct conclusion. Always be constructive in your comments. We are not testing the instructor to see if he did or did not follow the 4-Step Method. We are trying to help him and the rest of the group to use the Method properly.

CLINICAL INSTRUCTOR TRAINING - SESSION IV

BEFORE THE SESSION STARTS:

BE THERE AHEAD OF TIME. HAVE A SUPPLY
OF BREAKDOWN SHEETS. BE SURE THE CHAIRS
ARE PROPERLY ARRANGED.

I. OPENING THE SESSION

(ALLOW 1 MIN)

1. (EXPRESS GRATIFICATION AT MEMBER'S
INTEREST IN CLINICAL INSTRUCTION
AS EVIDENCED BY THEIR PRESENCE.)
2. (QUICKLY REVIEW THE FOUR GET READY
STEPS AND THE FOUR STEPS OF IN-
STRUCTION FROM THE HOW TO INSTRUCT
CARDS.)

CLINICAL INSTRUCTOR TRAINING - SESSION IV

II. BASIC SCIENCE AND TECHNICAL INFORMATION

(ALLOW 15 MIN)

1. "MOST ALLIED HEALTH PERSONNEL NEED TO KNOW SOME BASIC SCIENCE AND TECHNICAL INFORMATION, THAT IS, INFORMATION TAUGHT IN COURSES IN ANATOMY, PHYSIOLOGY, KINESIOLOGY, PHYSICS, CHEMISTRY, AND SO ON."
2. " 'KNOWLEDGE' MAY BE THOUGHT OF AS FUNCTIONAL AND SOCIAL. FUNCTIONAL KNOWLEDGE IS RELATED TO OUR WORK, SOCIAL KNOWLEDGE IS USEFUL IN OUR CULTURAL AND RECREATIONAL ACTIVITIES. THEY ARE NOT MUTUALLY EXCLUSIVE IN TERMS OF SPECIFIC ITEMS: LISTENING TO A BEETHOVEN RECORD MAY BE FUNCTIONAL FOR THE SYMPHONY MUSICIAN, SOCIAL TO THE DENTAL TECHNICIAN; GOLF IS FUNCTIONAL TO THE CLUBHOUSE PRO, SOCIAL TO THE WEEKEND GOLFER. "

CLINICAL INSTRUCTOR TRAINING - SESSION IV

II. BASIC SCIENCE AND TECHNICAL INFORMATION (CONT'D)

3. 'FUNCTIONAL KNOWLEDGE IS OF THREE GENERAL KINDS:

(1)" KEY POINTS, KNOWLEDGE YOU MUST KNOW TO PERFORM A JOB SUCCESSFULLY. IN MANY INSTANCES THESE MAY BE ITEMS OF BASIC SCIENCE OR TECHNICAL KNOWLEDGE. "

(2)" RELATED INFORMATION, KNOWLEDGE NOT ABSOLUTELY NECESSARY TO PERFORM SUCCESSFULLY, BUT DESIRABLE FOR BROADER UNDERSTANDING OF THE WHOLE PICTURE AND FOR PROBLEM SOLVING. A PHYSICAL THERAPIST DOES NOT HAVE TO KNOW THE MECHANICAL AND ELECTRICAL PRINCIPLES OF DESIGN OF AN ULTRA-SONIC MACHINE TO USE IT SUCCESSFULLY IN TREATING A PATIENT. HOWEVER, THIS KNOWLEDGE MIGHT BE DESIRABLE, AND WOULD CERTAINLY BROADEN HIS UNDERSTANDING OF THE WAY THE MACHINE PRODUCES RESULTS. "

(3)" GENERAL INFORMATION, KNOWLEDGE THAT CONTRIBUTES NOTHING TO JOB PERFORMANCE BUT IS NICE TO KNOW. KNOWLEDGE OF THE HISTORY OF PHYSICAL THERAPY IS GENERAL INFORMATION. IT IS CERTAINLY NICE FOR THEM TO TAKE PRIDE IN THEIR PROFESSION AND KNOW ITS HISTORY, BUT THIS INFORMATION HAS NO APPLICATION IN THE WORK OF THE PHYSICAL THERAPIST."

CLINICAL INSTRUCTOR TRAINING - SESSION IV

II. BASIC SCIENCE AND TECHNICAL INFORMATION (CONT'D)

4. "IN CLINICAL INSTRUCTOR TRAINING WE ARE MAINLY CONCERNED WITH TEACHING KEY POINTS, THE ITEMS OF KNOWLEDGE ABSOLUTELY ESSENTIAL TO SUCCESSFUL PERFORMANCE. THE KEY POINTS MUST BE TAUGHT OR THE LEARNER WILL FAIL."
5. "WHILE TEACHING KEY POINTS IS OUR MAIN CONCERN IN CLINICAL INSTRUCTION, WE MUST OFTEN FIND TIME TO TEACH SOME ITEMS OF RELATED AND GENERAL INFORMATION. HOWEVER, WE MUST ALWAYS RELATE SUCH INFORMATION TO THE WORK BEING TAUGHT. SUCH MATERIAL IS SUPPLEMENTARY TO THE STEPS AND KEY POINTS OF THE JOB, AND IS USUALLY DONE IN AN INFORMAL WAY, WITH THE INSTRUCTOR DRAWING ON HIS EXTENSIVE BACKGROUND OF PROFESSIONAL KNOWLEDGE AND EXPERIENCE."
6. "IT IS USUALLY ASSUMED THAT GRADUATES OF PROFESSIONAL SCHOOLS WHO ARE IN CLINICAL TRAINING KNOW MOST OF THE BASIC SCIENCE AND TECHNICAL KNOWLEDGE FROM THE COURSES THEY TOOK IN SCHOOL. THE CLINICAL INSTRUCTOR SHOULD HELP THEM APPLY THIS KNOWLEDGE TO THE PRACTICAL WORK IN THE LABORATORY OR CLINIC."

CLINICAL INSTRUCTOR TRAINING - SESSION IV

II. BASIC SCIENCE AND TECHNICAL INFORMATION (CONT'D)

7. "IN CERTAIN CLINICAL TRAINING SITUATIONS IT BECOMES NECESSARY TO TEACH MORE THAN JUST OCCASIONAL ITEMS OF BASIC SCIENCE AND TECHNICAL KNOWLEDGE THAT ARE RELATED TO THE JOBS BEING TAUGHT. A CLINICAL INSTRUCTOR WHO KNOWS HOW TO USE THE FOUR STEPS OF INSTRUCTION AND THE FOUR GET-READY STEPS CAN DO THIS WITH LITTLE DIFFICULTY.
 - (1) MAKE A COURSE OUTLINE OF TECHNICAL TOPICS RELATED TO THE UNIT OF WORK.
 - (2) BREAK DOWN EACH TOPIC INTO INFORMATIONAL TEACHING POINTS, FOR USE IN STEP II, PRESENTATION.
 - (3) PLAN THE PREPARATION STEP AROUND WHY THE STUDENTS SHOULD KNOW THE INFORMATION.
 - (4) PLAN AN APPLICATION STEP IN WHICH THE STUDENTS PRACTICE USING THE INFORMATION. THIS IS THE STEP MOST OFTEN NEGLECTED, YET IT IS THE MOST IMPORTANT.
 - (5) TESTS CAN BE ORAL, WRITTEN, OR PERFORMANCE."

CLINICAL INSTRUCTOR TRAINING - SESSION IV

II. BASIC SCIENCE AND TECHNICAL INFORMATION (CONT'D)

8. "MUCH BASIC SCIENCE AND TECHNICAL KNOWLEDGE IS TAUGHT WITH THE HOPE THAT IT WILL BE KEPT IN "COLD STORAGE" BY THE STUDENT UNTIL HE FINDS APPLICATION FOR IT. SOMETIMES THIS IS UNAVOIDABLE, BUT STUDIES HAVE PROVEN THAT THE RATE OF LOSS IS HIGH WHEN KNOWLEDGE LEARNED IS NOT USED. MUCH OF THIS LOSS CAN BE AVOIDED BY RELATING THE LECTURES ON BASIC SCIENCE TO THE WORK BEING LEARNED AT THE SAME TIME, AND BY APPLYING THE INFORMATION IN A PRACTICAL WAY IN THE CLINIC."

(15 MIN. TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION IV

III. CONTINUE PRACTICE INSTRUCTION (4) (ALLOW 1 HR 40 MIN)

1. (HAVE MEMBERS WATCH THEIR "HOW-TO-INSTRUCT" CARDS AS THE DEMONSTRATIONS ARE PUT ON.)
2. (HAVE THEM WRITE DOWN THE IMPORTANT STEPS AND KEY POINTS OF EACH DEMONSTRATION ON BREAKDOWN SHEETS.)
3. (USE STANDARD PROCEDURE FOR COMMENTS. BE MORE AND MORE EXACTING IN A FRIENDLY WAY. ALLOW 15 MINUTES FOR EACH DEMONSTRATION, 10 MINUTES FOR COMMENTS.)

(1 HOUR 55 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION IV

IV. SUMMING UP

(ALLOW 5 MIN)

1. (RESELL THE ADVANTAGES OF BECOMING
A GOOD INSTRUCTOR.)
2. (STRESS THAT WHAT THE INSTRUCTOR SAYS
TO OR DOES WITH A LEARNER DOESN'T
COUNT -- UNLESS IT STICKS. WHAT
STICKS IN THE LEARNER'S MIND IS
THE NET RESULT THAT COUNTS.)
3. "IF THE LEARNER HASN'T LEARNED,
THE INSTRUCTOR HASN'T TAUGHT."

(2 HOURS TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION IV-A

I. PURPOSE OF SESSION IV-A

1. "THE STANDARD CLINICAL INSTRUCTOR TRAINING PROGRAM IS TEN HOURS FOR TEN TRAINEES, ARRANGED INTO FIVE TWO-HOUR SESSIONS."
2. "IF IT SHOULD BE NECESSARY TO INCLUDE MORE THAN TEN TRAINEES IN THE GROUP, MORE TIME MUST BE ALLOWED TO GIVE THEM AN OPPORTUNITY TO DO THEIR PRACTICE INSTRUCTION, AND TO DO THIS AN EXTRA SESSION MUST BE SCHEDULED."

CLINICAL INSTRUCTOR TRAINING - SESSION IV-A

II. SETTING UP SESSION IV-A

1. "IF MORE THAN TEN TRAINEES ARE TO BE ACCEPTED, IT IS DESIRABLE TO ENROLL THIRTEEN OR FOURTEEN SO THE EXTRA SESSION WILL NOT BE SO LACKING IN ACTIVITY AS TO BE AN ANTI-CLIMAX.
2. "THE EXTRA THREE OR FOUR TRAINEES WILL DO THEIR PRACTICE INSTRUCTION IN SESSION IV-A. THE TIME SHOULD BE ALLOCATED TO THEM ON AS NEARLY AN EQUAL BASIS AS POSSIBLE. HOWEVER, THERE IS SOME OPPORTUNITY TO EXPERIMENT WITH LONGER PRESENTATIONS SO THE MEMBERS OF THE GROUP WILL BE ABLE TO OBSERVE THE PROBLEMS THAT ARISE WHEN ATTEMPTING TO PUT OVER A LARGE NUMBER OF STEPS AND KEY POINTS IN ONE PRESENTATION STEP."
3. "CRITIQUE SESSIONS FOLLOWING PRACTICE INSTRUCTION DEMONSTRATIONS SHOULD FOLLOW THE SAME PATTERN ESTABLISHED EARLIER."

CLINICAL INSTRUCTOR TRAINING - SESSION V

I. OPENING THE SESSION (ALLOW 5 MIN)

- (MAKE APPROPRIATE REMARKS AT THE BEGINNING OF THIS, THE LAST SESSION.)

II. PRACTICE DEMONSTRATIONS (3) (ALLOW 1 HOUR 25 MIN)

- (FOLLOWING THE SAME PROCEDURE AS AT PREVIOUS DEMONSTRATION PERIODS, COMPLETE THE PRACTICE DEMONSTRATIONS OF REMAINING MEMBERS. BE MORE AND MORE EXACTING, IN A FRIENDLY WAY. LET NO SIGNIFICANT ERROR GO UNMENTIONED IN THESE LAST DEMONSTRATIONS.)

(1 HOUR 30 MIN TO HERE)

CLINICAL INSTRUCTOR TRAINING - SESSION V

III. SUMMING UP

(ALLOW 30 MIN)

1. (EXPRESS APPRECIATION FOR
COOPERATION AND INTEREST OF THE
GROUP.)
2. (CALL FOR REMAINING QUESTIONS.)
3. (DRAW FROM THE GROUP:
(1) (THE FOUR STEPS OF INSTRUCTION)
(2) (THE FOUR GETTING READY TO
INSTRUCT STEPS)
(3) (THE FOUR TOOLS OF INSTRUCTING)
4. (POINT OUT THAT THE FOUR STEP METHOD
OF INSTRUCTION, WHEN PUT INTO PRACTICE,
GETS MORE PEOPLE TRAINED BETTER, IN
LESS TIME.)
5. (MORE WELL TRAINED WORKERS IN THE
ALLIED HEALTH PROFESSIONS IS WHAT
WE NEED TO OVERCOME THE CRISIS
IN HEALTH CARE THAT FACES THE
COUNTRY TODAY.)

CLINICAL INSTRUCTOR TRAINING - SESSION V

IV. ACTION TO BE TAKEN BY MEMBERS

1. "PREPARE COURSE OUTLINES."
2. "MAKE JOB BREAKDOWNS FOR ALL JOBS IN THE OUTLINES."
3. "SET UP A METHOD FOR RECORDING EACH TRAINEE'S PROGRESS THROUGH THE COURSE."
4. "USE THE FOUR STEP METHOD CONSISTENTLY EVERY TIME YOU INSTRUCT ANYONE, WHETHER A TRAINEE, PATIENT, MEMBER OF A PATIENT'S FAMILY, OR A COLLEAGUE."
5. "LEARN HOW TO BE A CLINICAL INSTRUCTOR TRAINER, AND PUT ON THE TEN HOUR COURSES YOURSELF TO HELP OTHERS BECOME GOOD INSTRUCTORS. SPECIAL COACHING SESSIONS FOR ACCOMPLISHING THIS WILL BE ARRANGED ON REQUEST."
6. "AT DEPARTMENTAL STAFF MEETINGS DISCUSS THE USE BEING MADE OF THE FOUR STEP METHOD, REVIEW PROGRESS BEING MADE BY ITS USE."

CLINICAL INSTRUCTOR TRAINING - SESSION V

V. CONCLUSION

1. (DISTRIBUTE CERTIFICATES.)
2. (WISH GROUP SUCCESS, ASSURE THEM OF
YOUR HELP IF THEY NEED IT, AND ADJOURN
THE MEETING.)
3. (PARTING SHOT:

IF THE LEARNER HASN'T LEARNED,
THE INSTRUCTOR HASN'T TAUGHT!)

(2 HOURS TO HERE)